Martha Ngoh

From: Wendy Bamberg <wmbamberg@gmail.com>
Sent: Wednesday, August 28, 2019 2:47 PM
To: Martha Ngoh; Gerd Clabaugh; Marion Kainer; Dawn Terashita; Perz, Joseph (CDC/DDID/NCEZID/DHQP); Mothershed, Elizabeth (CDC/DDID/NCEZID/DHQP); Puja Shah; Ashley Ottewell; Kate Heyer; Monica Schroeder
Subject: CORHA HLG: Update and Questions for the GC
Attachments: Attachment 4 - High-Level Guidance.pdf; HLG Detailed Revised Roadmap Aug282019.docx

Hi GC Members,
Thank you for having me on the call today. What follows is a more detailed explanation of the HLG progress to date, plans moving forward, and some questions I would like to get the GC's input on. I'm happy to join the GC call next week on September 4, if that would be helpful, or receive your input via email.

Progress to date:

- Chapters 3 and 5, previously in draft form, have been reviewed and suggestions sent back to the authors
- Chapter 4 is in the final stages of initial draft, to be completed this week
- Outlines for Chapters 2-8, including literature reviews, are complete and ready for authors
- Proposal for authorship, key informants, and reviewers completed (see below for more details)
- Initial key informant interview questions are completed and ready for interviews
- Timelines and tracking systems are in place to keep the project on track

Plans for next steps:

- The HLG roadmap has been updated, see attached Roadmap document. Please note that this is slightly updated from the version sent out for today's call (ignore the version on page 6 of the document labeled Attachment 4). Key differences incorporated into the updated roadmap include:
    - Additional detail added to the process, including roles of the consultant and GC
    - A writing team was replaced with authors (1-2 per chapter); a review team was replaced with a few reviewers (1-3 per chapter). This will make the process more rapid and efficient. Proposal that authors and reviewers come from CORHA (either members or workgroup members).
    - Since the writing and reviewing teams are smaller, and there is a need for broader feedback, there is a suggestion to use key informant interviews to gather additional information. Key informants will come from organizations represented by CORHA, but do not need to be CORHA members. For example, I might approach Linda to see if I can interview several APIC members that she can help me identify. Currently I have identified the following groups from which it would be helpful to have key informants: CDC, state HDs, local HDs, healthcare facilities (identified via APIC and SHEA), FDA, APHL, public health labs, clinical labs. There might be others identified as the HLG progresses. Questions have been developed based on knowledge gaps or areas that could use additional input based on outline and chapter development to date. Since the writing process is dynamic (e.g., developed outlines might be modified during the writing process, additional key informant questions might be developed during the review process), my plan is to perform key informant interviews on a rolling basis, continuing to add additional key informants as new questions are identified. (Early interviews will hit some of the questions, later interviews with different people will hit other questions; no one person will have all questions asked.) In this way, I can keep things moving without taxing any specific individual. Interviews no more than 1 hour (and hopefully less).
- Solidify Chapter/Supplement structure. I am proposing moving Chapter 9 and Supplement A to be full chapters prior to the Performance Indicator chapter (currently Chapter 8). Please see attached document ("Attachment 4"), Chapter list (page 7).
- Identify authors for all chapters; this list is also in the attached document ("Attachment 4"), page 3. Note that Chapters 6, 7, 8, 9, Supplements A, B, C are a little more in flux – I would like to make sure there is approval for

the authorship plan for these chapters – suggestions greatly welcomed. Here is the current list of proposed authors/organizations for authors (based on current structure):

- Chapter 1 (Overview) – to be completed last (early 2020), possibly Wendy
- Chapter 2 (Fundamental Concepts of Surveillance) – Wendy
- Chapter 3 (Planning/Preparation) – Isaac and Janet, CDC; Rachel
- Chapter 4 (Detection) – Wendy
- Chapter 5 (Investigation) – Joe, CDC; Rachel
- Chapter 6 (Lab) – Lab workgroup members to be identified by workgroup
- Chapter 7 (Multi-facility/Multi-jurisdiction) – CDC and/or Wendy
- Chapter 8 (Performance Indicators) – Wendy with CDC co-author
- Chapter 9 (Legal) – CDC or policy workgroup
- Supplement A (Communication/Media/Public Reporting/Notification) – Policy workgroup members to be identified by workgroup
- Supplement B (Medical Products) – CDC
- Supplement C (Infection Control Breaches) – CDC

• Identify reviewers for all chapters, as chapters near completion. When at all possible, I'd like to have workgroups identify reviewers from within their workgroup. I will also be a reviewer, and I would like to suggest that if additional reviewers are needed, we identify SMEs from CDC or member organizations. Authors will have a role in identifying appropriate reviewers.

Questions for the GC:

1. Does the GC approve the updated roadmap and plan as above?
2. Does the GC approve the suggested changes to the chapter structure (moving Chapter 9 and Supplement A prior to Performance Indicators [currently Chapter 8])?
3. During what stages would the GC like to provide review and approval? I would suggest that the GC approve authorship and reviewers, as well as approving the final written version of the chapters. I would suggest the GC does not approve outlines of chapters and does not approve key informants.
4. Does the GC approve the suggested authors, including the plan for the Lab Workgroup to author Chapter 6, and the Policy Workgroup to author Supplement A? Should the Policy Workgroup also author Chapter 9, or should that be a CDC-authored chapter? (Note - Joe is working with me on CDC authors.)
5. Would the GC prefer that I contact workgroups regarding authorship (e.g., lab, policy) and review (e.g., Workgroup A for Chapter 4 review), or should that come from the GC?
6. For key informant interviewee identification, does the GC approve that I work with CORHA member organizations to identify key informants, and that I contact directly those identified? Note that for chapters written by workgroups (Chapter 6, Chapter 9, and Supplement A), my plan is to have those workgroups review and modify interview questions and conduct these interviews. I would like to also consider working through the CSTE HAI Subcommittee to identify state and some local HDs for interviews, if the GC and CSTE approves.
7. Would the GC like regular updates on progress of the HLG, and relevant questions as they arise for approval? Would you prefer these updates via email or on GC calls? (I promise they will be shorter than this one.)

Please let me know if there are any concerns, or anything else I can help with. I appreciate the opportunity to work on the HLG, and with the GC.

Wendy

Wendy M. Bamberg, MD
Medical Epidemiology Consulting
Denver, Colorado