CORHA Governance Committee Call
January 7, 2020 | 3:00 PM – 4:00 PM ET

Join Zoom Meeting
https://astho.zoom.us/j/264928182
Meeting ID: 264 928 182

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Agenda

Roll Call – 5 minutes

CORHA Updates – 15 minutes

- Identify a time for a call with Laurie Schulte
- Review the in-person meeting agenda *(page 2)*
- Review and approve the CORHA roundtable abstract for the CSTE Conference *(page 4)*

Bylaws Review *(page 5)* – 35 minutes

- Review Gerd's suggested edits and make changes as discussed
- Discuss other suggested changes

Wrap up – 5 minutes

January 22-23rd, 2020 | CSTE National Office, Atlanta, GA

Wednesday January 22nd

*Note: Breakfast will not be provided

Time	Agenda	Location
8:30am – 10:15am	Governance Committee Meeting - Bylaws - Member organization - Organization representatives - Implementation Plan	- Suite 700 , All Hands Room
10:15am-10:30am	Registration and Break (Provided)	- Spark Room, First Floor
10:30am-11:30am	Welcome: Council Updates *All Meeting Attendees*	- Spark Room, First Floor
11:30am-12:00pm	High Level Guidance (HLG) Overview	- Spark Room, First Floor
12:00pm-1:00pm	Working Lunch (provided)	- Suite 700 Galley
1:00pm-2:30pm	All CORHA Meeting: HLG Chapter-by-Chapter Review	- Spark Room, First Floor
2:30pm-2:45pm	Break (Provided)	- Suite 700 Galley
2:45pm-4:30pm	Workgroup Breakouts: HLG 1. WG A – Proposed Ch. 4 Detection, Final review and discussion 2. WG B – Proposed Ch. 5 Investigation, Draft review and discussion 3. Lab WG – Proposed Ch. 6 Lab, Draft review and discussion 4. Policy WG – Proposed Ch. 9 Communication, Outline and draft discussion 5. Others – Proposed Ch. 10 Performance Indicators, Draft discussion	Suite 700 1. Huddle 1 2. Huddle 2 3. Huddle 4 4. Huddle 5 5. Spark Room
4:30pm-5:30pm	Council Business Meeting *All council*	- Spark Room, First Floor
5:30pm	Adjourn	- Spark Room, First Floor

January 22-23rd, 2020 | CSTE National Office, Atlanta, GA

Thursday January 23rd

*Note: Breakfast will not be provided

Time	Agenda	Location
8:30am - 9:00am	Registration and Coffee **We have plenty of room for you to bring your luggage*	- Spark Room, First Floor
9:00am-10:30am	Workgroup Breakouts* 1. WG A/WG B 2. Lab WG 3. Policy WG 4. Others –HLG: Supplement A –	Suite 700 1. Spark Room 2. Huddle 1 3. Huddle 2 4. Huddle 5
10:30am-10:45am	Break (Provided)	- Spark Room, First Floor
10:45am-12:00pm	High Level Guidance (HLG) Full Council Discussion of Selected Topics	- Spark Room, First Floor
12:00pm-1:00pm	Working Lunch to continue HLG Full Council Discussion (provided)	- Suite 700 Galley
1:00pm – 2:30pm	Work Group Breakouts* 1. WG A/WG B 2. Lab 3. Policy 4. Others	Suite 700 1. Spark Room 2. Huddle 1 3. Huddle 2 4. Huddle 5
2:30pm-3:00pm	Wrap Up & Adjourn *All council*	- Spark Room, First Floor

*Workgroup specific agendas in folder

Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA) Progress and Updates on the CORHA HAI/AR Outbreak Notification Framework

Authors: Dawn Terashita, MD MPH[1], Erin Epson, MD[2]

[1]*Los Angeles County Department of Public Health*
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Key Objectives:
Participants will hear from the Council for Outbreak Response: Healthcare-Associated Infections (HAI) and Antimicrobial-Resistant (AR) Pathogens (CORHA) on progress with CORHA's new framework on HAI/AR outbreak notification. Participants will be engaged in a discussion around patient, provider, and public notification, provide feedback on the framework and share experiences and resources for state and local HAI/AR outbreak notification.

Brief Summary:
HAI/AR pathogen outbreaks can lead to preventable morbidity and mortality in persons receiving healthcare. Despite significant prevention progress, patients continue to experience infections due to outbreaks and adverse events stemming from emerging pathogens, lapses in infection control, unsafe injection practices, and contaminated drugs and medical devices. Consistent guidance on when to notify affected entities of an HAI/AR outbreak is lacking. Coordinated approaches and standardized guidance are needed to conduct HAI/AR outbreak notification in order to detect new threats, prevent the spread of outbreaks, and better inform prevention activities.

To address these needs, CDC's Division of Healthcare Quality Promotion (DHQP) funded the Association of State and Territorial Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE) to co-lead CORHA. CORHA members include ASTHO, CSTE, CDC, and the National Association of County and City Health Officials (NACCHO), Association for Professionals in Infection Control (APIC), Society for Healthcare Epidemiology of America (SHEA), US Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), and the Association of Public Health Laboratories (APHL). CORHA convenes partners and subject-matter experts representing the interests of public health and healthcare stakeholders to develop HAI/AR outbreak guidance on key areas such as detection and reporting, laboratory practices and policy.

In 2019, CORHA's Policy workgroup developed a framework to guide patient, provider, and public notification of HAI/AR outbreaks. The document aims to guide notification activities in the context of an HAI outbreak and outlines actions for immediate notification (i.e., initial and critical communications that occur when an outbreak is first suspected), expanded notification (actions that should be performed as the investigation progresses) and public notification. The document will include case examples and resources to support the implementation of the framework.

Word Count: 343

Bylaws

Revised November 28, 2018

Notes explaining Gerd's tracked changes below:

The general idea behind this edit of the bylaws is to standardize terminology to improve clarity. For example, in edited section IV, we standardize the definition of member organizations involved with CORHA as either founding member organizations, stakeholder member organizations, or federal partner-liaison member organizations. This terminology is then reused throughout the document to describe the organizations and the nature of their membership in the council. In edited section VI of the bylaws, terminology describing the council's organizational structure is outlined. The idea here is to define the full Council as compared to the Governance Committee, versus workgroups. And to further indicate how member organizations relate to this structure. Further, the document outlines the choices that member organizations have in choosing individual representatives.

Some edits reflect a reorganization of the bylaws to improve the flow of the document. For example, text which outlines the responsibilities of the Council vs. the Governance Committee is moved in the document to improve understanding by creating a document that flows better for the reader. Meeting attendance sections and voting are additional sections which have been moved within the document to improve readability.

I. History and Purpose

In 2015, CDC's Division of Healthcare Quality Promotion funded the Association of State and Territorial Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE) to create and co-lead the Council for Outbreak Response: HAI/AR (CORHA) and serve as Founding Members. Healthcare-associated Infections (HAIs) including antimicrobial-resistant (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 organizations the following:

1. **Founding Member Organizations** are CDC's Division of Healthcare Quality Promotion (DHQP), the Association of State and Territorial Health Officials

(ASTHO), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Health Officials (NACCHO).

1. **Stakeholder Member Organizations** serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of each member organization.
2. **Federal Partner-Liaison Member Organizations:** include federal agencies invited to participate on CORHA in a non-voting member capacity. Federal liaison member organizations serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of their membership.

~~**IV. Organizational Structure**~~

~~CORHA is comprised of stakeholder member organizations and federal partner member organizations several interacting components: 1) The Governance Committee, 2) Member Organizations, and 3) Workgroups and Committees. Together, these entities constitute the full Council (i.e., CORHA).~~

V. ***CORHA's Organizational Structure*** ~~***Member Organizations***~~

CORHA's organizational structure includes ~~Member Organizations include~~ 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 and member organizations. Each CORHA organizational member of the council whether a founding member or other member organization, (as defined in Section IV), designates one individual to serve as a voting 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: Comprised of CORHA's f~~F~~ounding m~~M~~ember o~~O~~rganizations**: ~~are~~ those membership organizations that were originally brought together to form CORHA. They include CDC's Division of Healthcare Quality Promotion (DHQP), the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Health Officials (NACCHO). Founding member organizations form the CORHA Governance Committee and do not have membership term limits.

~~1.~~3. **Workgroups and Committees** – see section ___ below for more information

~~**Stakeholder Member Organizations:** include organizations that joined CORHA after the fFounding mMember organizations.~~

~~1. **Stakeholder Mmember Oorganizations** serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of each member organization.~~

~~2. **Federal Partner Liaison Member Organizations:** include federal agencies invited to participate on CORHA in a non-voting member capacity. Federal liaison member organizations serve four-year terms on CORHA and the Governance Committee votes to renew the four-year term of their membership.~~

VI. CORHA Voting Representatives and Responsibilities. The council refers to the assembly of founding member organizations and member organizations

Each CORHA organizational member of the council whether a founding member or other member organization, (as defined in Section IV), ~~Stakeholder Member Organization~~ designates one individual to serve as a voting representative on CORHA. The following exceptions apply, (as outlined in Section 4):

- 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.
- 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.

CORHA voting representatives will have a strong scientific background, knowledge of HAI outbreak and response, extensive knowledge of their ~~Member~~ o~~O~~rganization, understanding of policy and legal 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 ~~new CORHA member~~ 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.

1. Casting votes and Quorum

- Regarding CORHA covered business, a quorum must be established with a simple majority of voting representatives, each of which may cast one vote. 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 Website process.* CORHA voting representatives will be responsible for obtaining the appropriate level of input from their respective organizations during open review periods.

2. Meeting Attendance and Participation

The Council alternating will strive to meet quarterly; in person twice per year—typically, once in the spring and once in the fall, and quarterly meetings 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 a given meeting or conference call, voting representatives 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, understanding of HAI outbreak lab, policy and legal issues, and CORHA. In-person meetings are subject to the availability of council funds.

~~1.~~3.

~~VII. **CORHA Non-Voting Representatives:** are staff from CORHA member organizations that are involved in CORHA activities, but do not have voting privileges on CORHA.~~

~~CORHA non-voting representatives' responsibilities include:~~

- ~~Providing support to CORHA voting representatives from their organizations.~~
- ~~Facilitating communication between CORHA staff, their organizations' voting representatives and their organizations.~~
- ~~Participating in, and/or provide support and guidance to CORHA workgroups and other activities.~~

~~VIII.~~VII. **CORHA Governance Committee Responsibilities**

The CORHA Governance Committee is responsible for providing overall guidance for CORHA. One representative from each of the four f~~F~~ounding (ASTHO, CDC, (DHQP), CSTE, NACCHO) member organizations ~~Member (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.

~~IX.~~VIII. Voting

~~Regarding CORHA covered business, a~~A ~~quorum must be established with a simple majority of voting representatives, each of which may cast one vote. 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 Website process.* CORHA voting representatives will be responsible for obtaining the appropriate level of input from their respective organizations during open review periods.~~

~~X.~~I. ~~Meeting Attendance and Participation~~

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~~If a voting representative is unable to represent their organization at a given meeting or conference call, voting representatives 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, understanding of HAI outbreak lab, policy and legal issues, and CORHA. In-person meetings are subject to the availability of council funds.~~

~~XI.~~IX. 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 members do not volunteer to serve in these roles, the Governance Committee will consider an alternate designee with appropriate interest and subject matter expertise to serve as Workgroup Chair and/or Co-Chair.

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, extensive knowledge of their Member Organization, understanding of policy and legal issues, and be dedicated to the mission and vision of CORHA.

~~XII.~~X. Processes and Guidance Documents

The following process documents were developed to operationalize these Bylaws and other CORHA activities:

- The CORHA Operating Guidance *(Basecamp)*
- The CORHA Workgroup to Website Process *(Basecamp)*
- The CORHA Workgroup Product Development Process *(Basecamp)*
- High-Level Guidance Roadmap *(Basecamp)*