

# The HIV Quality Improvement (QI) Network Handbook

20 April 2012

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On January 31st 2012, the **STOP HIV/AIDS Structured Learning Collaborative** formally came to an end. But as this chapter closed, a new one began.

This community of past-Collaborative participants has made valuable and positive impacts on the health and wellbeing of many British Columbians living with HIV/AIDS.

Recognizing the importance of sustaining these gains and keeping this community connected for further learning and sharing, new supports including two learning sessions, four webinars, and four more reporting periods are now in place to connect participants in the HIV QI Network.

Congratulations on an incredible year of improvement work! We look forward to partnering and supporting you in the journey that continues.

## Background

When Collaboratives come to a close, it isn't uncommon for new ways of working to slip back to old ways of working. Often momentum to find new opportunities for improvement diminishes as well. Continued QI requires effort, support, and time.

On November 16<sup>th</sup> 2011, a focus group with 14 STOP HIV/AIDS Collaborative participants was held to discuss what worked well for participants in the Collaborative and what didn't work so well. Participants told us that regular reporting, webinars, and learning sessions were really valuable to keep the momentum going and that face-to-face, peer-to-peer sharing and learning opportunities were really important, but should be at less frequent intervals.

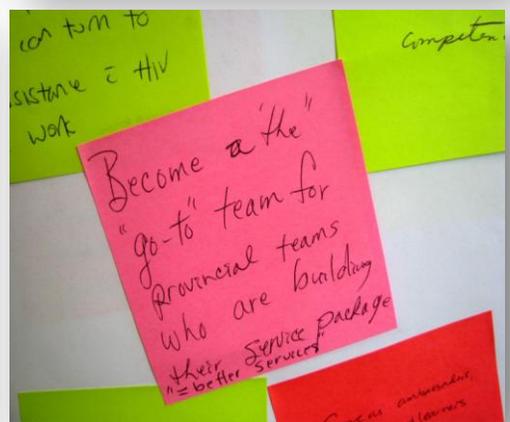
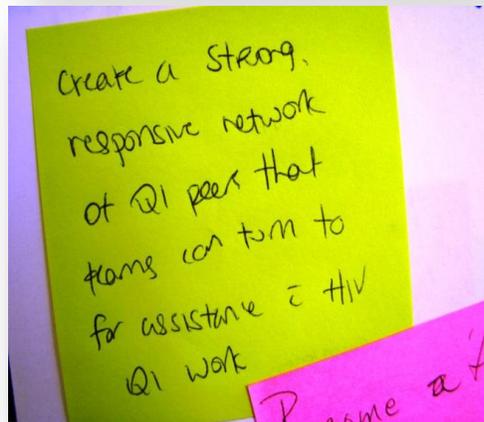
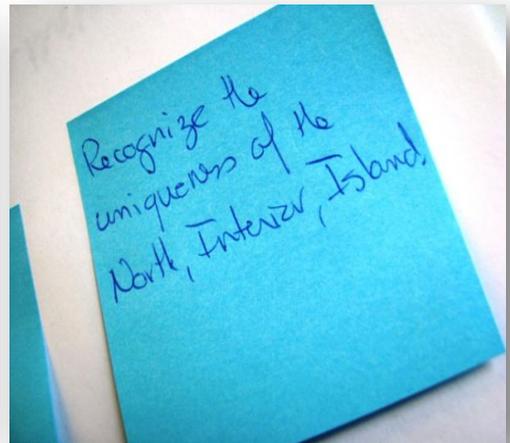
The idea of a **Response Team as a self-organizing, peer-driven group of individuals that would support sustainability and continued HIV improvement** was also discussed and seen as something that would be of value.

Given this feedback, the concept of a Response Team, which originated in the Eastern U.S. to successfully navigate the post-collaborative transition, was investigated further. We consulted with members of Response Teams in Virginia, Pennsylvania, and New Jersey to identify what contributed to their effectiveness in sustaining gains and continued improvement. What we found has been presented in this document as a starting point for the development of the **HIV Response Team** and the **HIV Quality Improvement (QI) Network in BC**.

The **HIV QI Network** is a group of patients and providers that are passionate about HIV quality improvement. This network will include past participants of the STOP HIV/AIDS Collaborative and others that are interested in engaging so as to learn and share for HIV QI.

On April 11<sup>th</sup> 2012, the Response Team met for the first time to discuss a **common vision and mission** for sustainability and HIV QI in the coming year.

Below is the Team's first draft. The HIV Response Team is keen to solicit your feedback and ensure that the vision and mission is representative of the views of this Network.



## Vision

Working together to prevent the transmission of HIV and improve the health and wellness of British Columbians living with HIV/AIDS.

## QI Mission

The HIV Response Team will be a go-to team connecting and responding to HIV quality improvers from across the province to foster the spread of best-practices, productive cross boundary relationships, and a holistic patient-centred approach. The team will listen, learn, understand, educate, share, empower, and motivate peers in HIV quality improvement.

To accomplish its mission, the team will:

- **Be ambassadors and motivators for HIV quality improvement.** Promote a strong and responsive network of quality improvers that learn together, share together, and collaborate for measurable improvement.
- **Place the journey of the patient at the core of all conversations.** Honor cultural, geopolitical, socio-economic, and spiritual aspects of each individual's journey and promote a patient centred approach in all that we do.
- **Seek out better ways of working and bring these to life across BC communities.** Look for, and actively share, better ways of working to promote best-practices and build system capacity and competency. Focus on factors affecting adherence, navigator services, screening, testing, access, mental health, social determinants, and client self-efficacy.
- **Strengthen relationships and cooperation.** Listen to each other and communicate often to appreciate the uniqueness of each region and find the best ways to work together to enhance the patient's journey and use our resources wisely.

## Calendar of Events

### Notes:

- **Webinars:** Dates are TBD. They will be scheduled upon request of the HIV QI Network, or when a topic is identified.
- **Quarterly reporting:** Reports should include data and narrative. Reports need only include data/narrative for the previous month. For e.g., reporting on April 4<sup>th</sup> should include data and narrative for the month of March. Please send reports to Kaye Ong at [kong@cfenet.ubc.ca](mailto:kong@cfenet.ubc.ca).

<b>April</b>	<ul style="list-style-type: none"><li>• <b>April 4<sup>th</sup> 2012</b>   Reporting day (data and narrative for the month of March)</li></ul>
<b>May</b>	<ul style="list-style-type: none"><li>• <b>May 3<sup>rd</sup> 2012   3:00pm-4:00pm</b>   First webinar with HIV QI Network and introduction to the HIV Response Team</li></ul>
<b>June</b>	
<b>July</b>	<ul style="list-style-type: none"><li>• <b>July 5<sup>th</sup> 2012</b>   Reporting day (data and narrative for the month of June)</li></ul>
<b>August</b>	
<b>September</b>	<ul style="list-style-type: none"><li>• <b>September 26<sup>th</sup> 2012</b>   Learning session 5 (Vancouver)</li></ul>
<b>October</b>	<ul style="list-style-type: none"><li>• <b>October 4<sup>th</sup> 2012</b>   Reporting Day (data and narrative for the month of September)</li></ul>
<b>November</b>	
<b>December</b>	
<b>January</b>	<ul style="list-style-type: none"><li>• <b>January 6<sup>th</sup> 2012</b>   Reporting day (data and narrative for the month of December)</li><li>• <b>January 30<sup>th</sup> 2013</b>   Learning session 6 (Vancouver)</li></ul>

## HIV/AIDS Response Team Contact Sheet

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## Supporters

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## HIV/AIDS Response Team Role Descriptions

### Team Leader | Adam Wylie

<b>Skill Set</b>	This is an energetic, confident person who believes completely in the success of this project. This person is the ultimate tireless cheerleader and is willing to provide ongoing support and encouragement to all participants. This is an open-minded person, sensitive to the needs of all Team members and respectful of all viewpoints.
<b>Role</b>	<ul style="list-style-type: none"><li>• Plans and conducts Response Team meetings, sets agendas, guides discussion</li><li>• Coordinates Team activities and assures that timelines are met</li><li>• Works closely with Team members providing support, encouragement, and linking them with any additional resources or experts needed to fulfill their roles</li><li>• Provides a point of communication between Team members and supporters (e.g., BC-CfE, ImpactBC, and respective sponsoring organizations)</li><li>• Speaks on behalf of the Response Team and broadcasts the project's successes</li><li>• May work with the support of a <i>co-leader</i> or <i>assistant Leader</i>; these two people will work closely to share some leadership responsibilities</li></ul>

### Communication Liaison | Dr. Ashnoor Nagji

<b>Skill Set</b>	This person likes people. This person is tactful, diplomatic, non-judgmental, upbeat and positive. This person is respectful of other people's time and energy and can communicate effectively and efficiently.
<b>Role</b>	<ul style="list-style-type: none"><li>• Works with administrative support at BC-CfE to maintain a database of contact information for participating teams</li><li>• Develops positive working relationships with the persons responsible for project participation on each team</li><li>• Strives to ensure active and meaningful participation of teams</li><li>• Works with admin support at BC-CfE to disseminate information, training aids, feedback and other relevant information to all teams via email or the project web space</li><li>• Has the potential to link partners; linking teams that are working on similar challenges</li></ul>

### Data Liaison | Sam Milligan (lead) & Misty Bath

<b>Skill Set</b>	This person understands data, data management, and data analysis. This person understands universally how data are recorded and used, and how data can drive improvement. This person has a solid understanding of the Collaborative measures – the numerators, denominators, and limitations.
<b>Role</b>	<ul style="list-style-type: none"><li>• Accepts and responds to questions participating teams might have about how they are reporting data or how the data elements are defined</li><li>• Helps assess the needs of teams regarding data collection and reporting to recommend training topics</li><li>• Reviews quarterly team reports and communicates results with the Response Team</li><li>• Creates quarterly update on project progress and forwards to Communication lead</li></ul>

	<ul style="list-style-type: none"> <li>• Works closely with the Quality Liaison, sharing information and recommendations for improvement</li> </ul>
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## Patient Liaison | **Paul Kerston**

<b>Skill Set</b>	This person is affected by the HIV epidemic and is a recipient of HIV services in British Columbia. Ideally, the individual already has experience participating on planning boards or other committees, and communicating with or advocating for other HIV patients. This person is comfortable communicating with the provider community of medical care and social service support, and has a basic understanding of quality improvement concepts.
<b>Role</b>	<ul style="list-style-type: none"> <li>• Provides a personal perspective on the implementation of improvement strategies and the challenges and barriers that patients face in obtaining high quality care</li> <li>• Serves as a liaison between Response Team members, peers, and other councils and boards, and shares information, concerns, and successes between the entities.</li> <li>• Educates peers and other council and board members on the goals and progress of the HIV QI Network</li> <li>• Where needed, speaks to groups of peers or providers and leads discussions and teaching at webinars/learning sessions</li> </ul>

## Quality Liaison | **Bethina Abrahams (lead), Misty Bath**

<b>Skill Set</b>	This person has experience working with multidisciplinary teams. This person has skills in strategizing and evaluation, and utilizes a creative / inventive thought process, and is non-judgmental and non-critical in nature. This person has a solid understanding of the Collaborative measures – the numerators, denominators, and limitations. The person is familiar with quality improvement methodologies, adult learning models, and has prior training experience.
<b>Role</b>	<ul style="list-style-type: none"> <li>• Works very closely with the Data Liaison; these two people will frequently exchange information and results</li> <li>• Is available to assist all participating teams in the design of PDSA cycles that will contribute to sustainability and continued improvement</li> <li>• Shares successful strategies with other interested members of the collaborative</li> </ul>

## Sweeper | **Janice Jespersen (lead), Sam Milligan**

<b>Skill Set</b>	This person is an effective communicator that is comfortable representing multiple perspectives and accomplishing varied tasks. This person will have cross-functional expertise with experiences in clinical and administrative domains and general knowledge in effective communication, quality improvement, data collection, training, etc. This person will have a “let’s get it done” attitude.
<b>Role</b>	<ul style="list-style-type: none"> <li>• Provides support to the Team and works collaboratively on different tasks as identified by the Team</li> <li>• This person will serve as a liaison between Response Team members to support members in their roles</li> <li>• Communicates with the team to deploy assistance where and when it is needed to</li> </ul>

get the work done

## Trainer | **Misty Bath (lead), Janice Jespersen**

<b>Skill Set</b>	This person is comfortable speaking to groups of people and is adept at needs assessment. This person is familiar with authorities and experts in the region and can engage those individuals in training efforts when needs are identified. The person is familiar with quality improvement methodologies, adult learning models, and has prior training experience.
<b>Role</b>	<ul style="list-style-type: none"><li>• Can conduct electronic surveys to assess barriers and challenges that the providers may face in meeting the collaborative objectives</li><li>• Can analyze survey findings, share them with Team members, and suggest topics for project-wide trainings</li><li>• Can provide training resources, fact sheets or other literature to the Communications member for project-wide distribution or posting on the project web space</li><li>• Can conduct trainings programs him/herself, or organize trainings and invite other authorities/experts to participate</li><li>• Works with the support of faculty to deploy training at Learning Sessions</li></ul>