



ELEMENT 5

IMPLEMENTATION

© SECTION 1: PROGRAM MANAGEMENT

Major Tasks. Program managers keep tabs on many tasks. They are often required to track and report all project deliverables and timelines, monitor costs and reconcile budgets, delineate tasks, support and supervise staff, identify improvement areas for a program and oversee the implementation of necessary changes, troubleshoot and problem solve, and prioritize program tasks.

Lines of Communication. To ensure that services and activities run smoothly and in a coordinated fashion, managers must also communicate effectively, resolve conflicts, and promote team performance. Staff should have a clear understanding of the agency hierarchy, who to go to for emotional support, professional support, trouble-shooting, human resource issues, operational issues, and how to report problems or provide feedback on organizational issues. With respect to the dissemination of information, all announcements should be issued in a timely manner and via a medium that staff regularly uses to receive information. For example, if staff regularly checks their e-mail accounts, it may be appropriate to issue an announcement electronically. However, if staff doesn't utilize e-mail on a regular basis, it may be best to issue time-sensitive information at a meeting or to post the information in a common area.

Work Plans and Timelines. No matter what type of program you put into place, it is important that all staff and parties involved understand their roles and responsibilities. For the day-to-day operations and implementation of activities, it may help to break down large tasks into manageable-sized tasks. Get feedback from your staff to determine if the tasks are feasible and when they can be completed. Document timeframes of when activities should be completed and who is responsible for completing them. Incorporate "wiggleroom" into the schedule, as best laid plans often go awry. Particularly in implementing community activities, there will be unpredictable events, obstacles, and clients/patient schedules to accommodate, so be flexible.

© SECTION 2: POLICIES AND PROCEDURES FOR HIV PROGRAMS

Policies and procedures (P&P's) outline the parameters and protocols that are responsible for executing various processes and operations, and establish standards for the safety and security of your agency's clients, staff and properties.

Included below are tips for developing P&P's:

- When creating P&P's, incorporate current knowledge about the ways processes and operations work. For instance, a P&P that requires same-day return and storage of office equipment used in an outdoor event may not be feasible if your agency stages many weekend events, and if few staff members have keys to the office or storage room.
- All P&P's should be in compliance with relevant city, state and federal laws and regulations.
- P&P's should be specific enough to have the desired effect and elicit the desired actions (or prohibit them), and broad enough to be applied to a range of situations.

The following should be considered when creating P&P's related to HIV programs:

- Surveillance reporting to the city or county; may be names or solely assigned numbers.
- Secure storage of documents or files with identifiable information on patients or clients. Anonymous information should have random labels assigned to them; access to confidential information should be limited.
- Oaths of confidentiality for staff and volunteers when reading, discussing or documenting information regarding a client. Information should only be discussed within the context of HIV services and communicated professionally.
- Protocols and universal precautions for individuals handling HIV or STD testing specimens. Protocols regarding collection, storage, delivery and waste disposal should be strictly adhered to.
- City or county regulations around the disclosure of HIV test results (in person vs. telephone, mail), and partner notification.
- Risk assessment, counseling, and referrals. Contact your local Department of Health to determine if these are required with each HIV test.
- Pre or post-natal testing. Find out if these tests are universally required, and who should be notified of the test results.
- Safety and privacy for clients and staff. Ensure that while clients have privacy and feel safe during HIV testing or confidential discussions, that staff are ensured the same level of safety (i.e. testing area should not be so secluded that another person could not be called on to assist in an emergency situation).

- HIV testing methods. Different methods, including a standard blood test, Orasure testing (oral swab), and RapidTest, each have specific specimen collection and delivery methods, as well as timeframes in which results are returned.

As good as its users. Because all staff, including frontline and management, need to be familiar with the P&P's, there must be an effective means of educating and updating staff regularly. The P&P's should be documented clearly, be easily accessible for reference, and reviewed by staff on an on-going basis in order to ensure understanding, recall, and appropriate implementation. P&P revisions and creations, as well as staff turnover, require that education around P&P's be scheduled regularly and adhered to adequately.

© SECTION 3: OTHER MANAGEMENT ISSUES TO CONSIDER

Performance and Quality Management

Performance Management and Quality Management indicators help agencies measure the performance and quality of systems, staff, processes and/ or organizational structure. Not only will your organization overall benefit from putting performance and quality management indicators in place, but so will your programs. These implementation aspects are related to Evaluation in that they entail gathering information and comparing the data against a benchmark of expectations set by the organization, or previous performance levels, or external benchmarks set by similar or mandating agencies, such as counties or accreditation bodies.

Performance management might refer to the staff or agency's performance as a whole. Within this category you may evaluate staff based on their ability to be punctual or work in a team, or you may evaluate the organization by the amount of funds it raised or the number of individuals it serves. Quality management indicators, which are driven by process measurement, are typically used by agencies that aim for consistency in the quality of a product or service. These indicators may evaluate patient satisfaction or completeness of medical record documentation.

Crisis Situations or Adverse Events

Agencies should also be ready to manage crises or the risks associated with adverse events. A crisis may occur when a case management client is brought in for emergency care, or when an agency is unable to relay a positive HIV test result to a highly anxious client due to the absence of an on-site interpreter. An adverse event requiring risk management might involve a staff member inadvertently informing a client's partner of an HIV test result without the client's permission, or misinforming a client about syringe disinfection techniques.

As with the implementation of any health program, and particularly those involving clinical and pharmaceutical services, individuals are likely to commit errors and your staff and clients are likely to be placed in an unfortunate or dangerous situation. Despite your

agency's best efforts, it is virtually impossible to prevent this from happening. Thus, it is a good idea to have general plans of action in place so these situations can be resolved or consequences can be mitigated as promptly as possible. Assessments of past and potential medical and legal risks can help your agency as it attempts to prepare itself for crisis situations.

© BIBLIOGRAPHY

Bontempi JM, Burlison L, Lopez MH. HIV medication adherence programs: the importance of social support. *J Community Health Nurs.* 2004 Summer;21(2):111-22.

Carter McNamara – Free Management Library –

- “Program Planning and Management”
<http://www.managementhelp.org/prog.mng.htm>
- “Performance Management”
http://www.managementhelp.org/perf_mng/perf_mng.htm
- “Quality Management”
<http://www.managementhelp.org/quality/quality.htm>
- “Crisis Management”
<http://www.managementhelp.org/crisis/crisis.htm>
- “Risk Management”
http://www.managementhelp.org/risk_mng/risk_mng.htm

Cohen NL, Perl S. Integrating behavioral and social science into a public health agency: a case study of New York City. *J Urban Health.* 2003 Dec;80(4):608-15.

The Community Tool Box

- Becoming an Effective Manager
http://ctb.ku.edu/tools/en/chapter_1015.htm
- Core Functions in Leadership
http://ctb.ku.edu/tools/en/chapter_1014.htm
- Maintaining Quality Performance
http://ctb.ku.edu/tools/en/chapter_1040.htm

Neumann MS, Sogolow ED. Replicating effective programs: HIV/AIDS prevention technology transfer. *AIDS Educ Prev.* 2000;12(5 Suppl):35-48.

© RECOMMENDED READING

Bau I, Chow P. HIV Prevention Materials in Asian and Pacific Islander Languages: A Summary of Review Panel Findings (Bengali - Cambodian - Chinese - Gujarati - Hindi - Hmong - Japanese - Korean - Lao - Samoan - Tagalog - Thai - Urdu - Vietnamese). San Francisco, CA: Asian & Pacific Islander American Health Forum;1999.

Levy SR, Baldyga W, Jurkowski JM. Developing community health promotion interventions: selecting partners and fostering collaboration. *Health Promot Pract.* 2003 Jul;4(3):314-22.

McCormick A, McKay MM, Wilson M, McKinney L, Paikoff R, Bell C, Baptiste D, Coleman D, Gillming G, Madison S, Scott R. Involving families in an urban HIV preventive intervention: how community collaboration addresses barriers to participation.

AIDS Educ Prev. 2000 Aug;12(4):299-307.

VanDevanter N, Hennessy M, Howard JM, Bleakley A, Peake M, Millet S, Cohall A, Levine D, Weisfuse I, Fullilove R. Developing a collaborative community, academic, health department partnership for STD prevention: the Gonorrhea Community Action Project in Harlem. *J Public Health Manag Pract.* 2002 Nov;8(6):62-8.

