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## **Session 5 Organizational Structure and Management**

### **Learning Objectives**

Participants will:

- Identify the five main roles needed in a collaborative and the main responsibilities for each role
- Discuss, keeping in mind the collaborative participants will implement, which preparatory and implementation tasks are best suited for each collaborative role.

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## Who will play these roles?

### ■ **Leadership/strategic direction (L)**

- Provide support for collaborative work (political clout,
- Facilitate links between collaborative activities and policy work

### ■ **Day-to-day management (M)**

- Operational planning (eg. coaching, LS)
- Overall collaborative implementation and monitoring
- Management of collaborative data
- Coordination with MOH and other partners

## Who will play these roles?

### ■ **Content (clinical) expertise (C)**

- Lead EBM review, formulate change package, improvement objectives and indicators
- Clinical training

### ■ **QA expertise (Q)**

- QA training
- Coaching teams and mentoring new coaches
- External vs internal vs local coaches

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## Who will play these roles:

### **QI teams (T)**

#### Team leader

- Forms teams and assigns roles  
(eg. time keeper, recorder, data collection and analysis)
- Runs meetings, managing team dynamics, problem solving, and content
- Administrative duties to support team
- Encourages and supports change
- Liaison to hospital management

## Organisational structure changes over time

### *Preparatory phase + early implementation phase:*

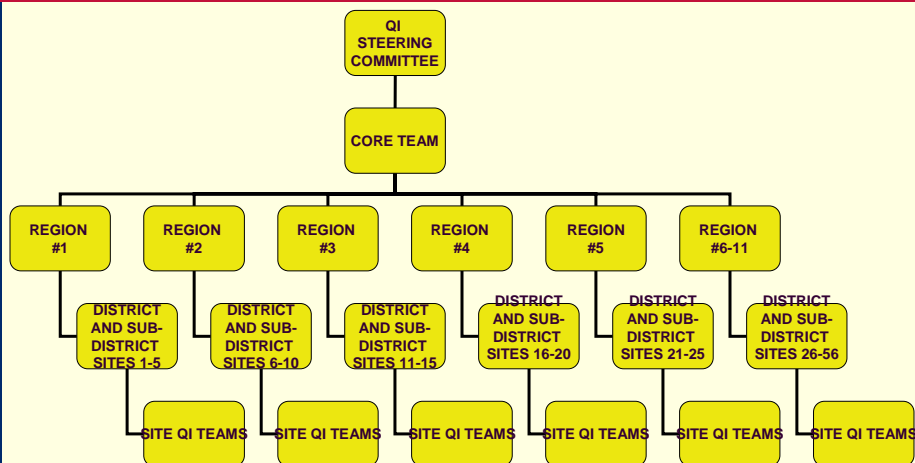
- Implementing agency carries much of management and QI roles
- Greater involvement of leadership and content experts
- Sometimes potential site/team representatives participate in preparatory phase activities to provide the perspective “from the trenches”

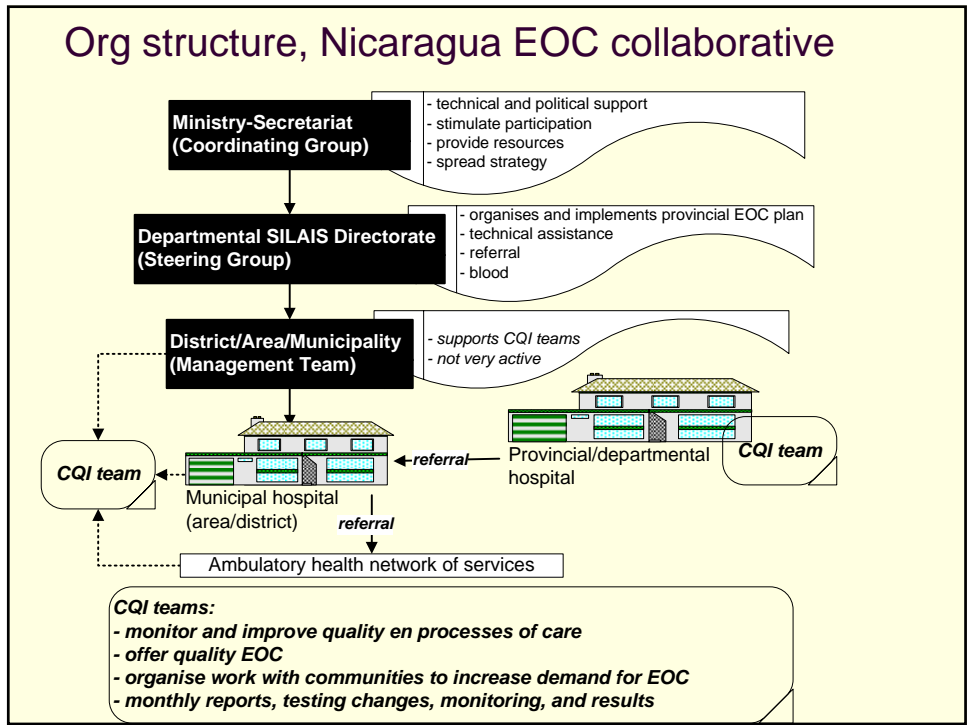
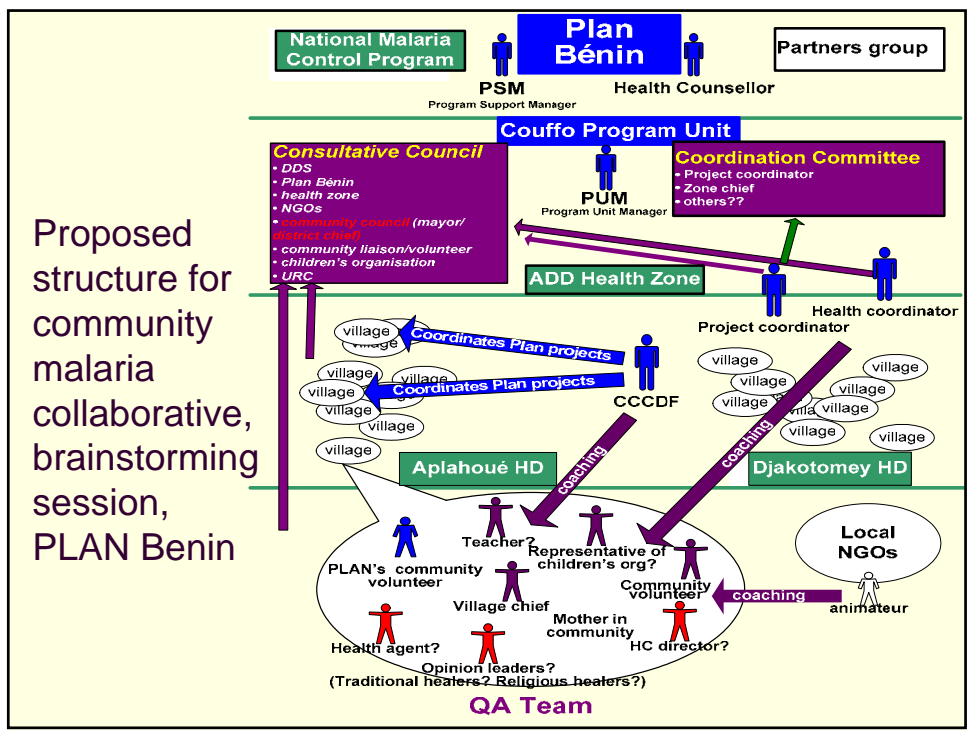
### Later in the collaborative:

- Transition roles (ex management, coaching) to more “permanent” actors

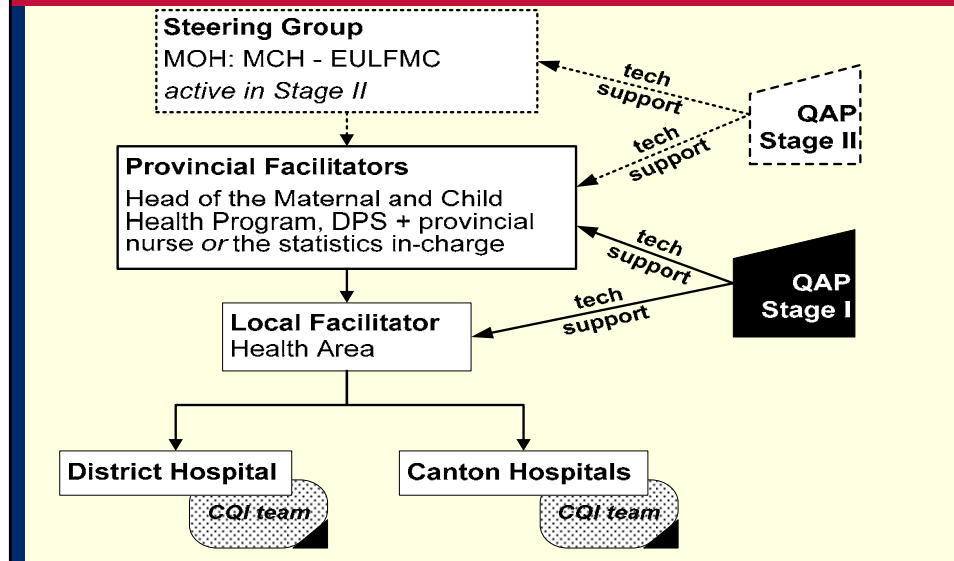
## Sample organisational charts

### Uganda HIV/AIDS collaborative





## Organisational structure at the provincial level, Ecuador EOC collaborative



## Group exercise

# Collaborative rollout

## Preparatory

- Obtain baseline data,
- Adapt EB standards
- Set improvement objectives
- Develop org structure

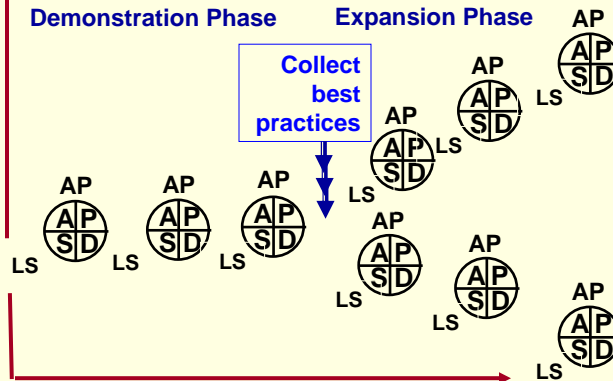
Develop consensus on change package and indicators

Develop spread strategy  
Choose and prepare sites

## Implementation

### Demonstration Phase

### Expansion Phase



- monthly reporting on indicators
- on-going exchange of experiences
  - coaching visits
  - periodic meetings/workshops
  - telephone, internet

## Preparatory phase 1

	L	M	C	Q	T
Involve key actors					
Set improvement objectives					
Put an organizational structure in place					
Review evidence and create a consensus on the change package & indicators					
Determine capacity building & resource needs to implement change package					
Adapt evidence-based standards to country context					

## Preparatory phase 2

	L	M	C	Q	T
Choose initial sites					
Develop spread & sustainability strategy					
Develop implementation plan & timeline					
Develop & test monitoring system					
Define communication & sharing mechanisms					
Design training strategy for QI & tech content based on improvement objectives					
Develop tools (monitoring, coaching, job aids)					

## Implementation phase

	L	M	C	Q	T
Form QI teams					
Ensure basic resources needed to implement norms					
Develop QI team coaching plan					
Organize LS content, methods, & roll-out					
Ensure clinical & QI competencies via training & coaching					
Ensure validity of monitoring data					
Determine best time to synthesize best practices & move to spread.					