



## Instructions for “Create Collaborative Profile” on the HCI Portal

<http://www.hciproject.org/node/add/collaborative>

*\*=Required field*

**Name of collaborative:\***

**Author(s):** *Enter the name(s) of the author(s) of this report and/or the person(s) who could be contacted for more information about this improvement collaborative.*

**Sponsors/partners:** *Identify the main organizations sponsoring and/or implementing the collaborative. Enter the organization's complete name. For example: HCI should be USAID Health Care Improvement Project/URC.*

### Improvement Methods:

*Select “Improvement collaboratives” for the Improvement Method. If other improvement methods were used in the collaborative, please select those as well using CTRL + Click.*

- None-
- The Science of Improvement
- Approaches to Improving Health Care
- Accreditation
- Audit and feedback
- Certification
- Client engagement
- Employee engagement
- Improvement collaboratives
- Improvement models/methodologies
- Institutionalization
- Licensing
- Organization of work
- Performance-based incentives
- Reminders and job aids
- Spread and scale-up
- Standards and evidence-based guidelines
- Supervision
- Training
- Analytical Tools for Improvement
- Spreading Improvement
- Building Capacity in Improvement
- Institutionalizing Health Care Improvement

**Topics:** *Please identify all topics addressed by the collaborative from the list provided. Hold down the Control key and press Enter to select more than one topic.*

- None-
- Cross-cutting**
- Behavior change and communication
- Community involvement
- Country ownership
- Documentation/data collection
- Equipment/supplies
- Financial management
- Gender
- Monitoring and evaluation
- Policy
- Program design
- Program evaluation
- Program management
- Referral systems
- Scaling up
- Service integration
- Sustainability
- HIV/AIDS**
- Adherence to treatment
- Antiretroviral therapy/ART/ARV
- At-risk populations
- Community and home-based care for PLWHA
- HIV counseling and testing
- HIV infection prevention/universal precautions
- HIV laboratory services
- HIV prevention/positive prevention
- HIV-family planning integration
- HIV-TB
- HIV/AIDS basic care and support

- Male circumcision
- Nutritional support
- Pediatric HIV/AIDS
- PMTCT
- Post-exposure prophylaxis
- Retention in care
- Social support for PLWHA
- Stigma

**Human Resources Management/Workforce Development**

- Community health workers
- CHW role
- Employee Engagement
- Motivation/incentives
- Performance evaluation
- Performance management
- Recognition/remuneration
- Recruitment
- Retention of health workers/reducing attrition
- Supervision
- Task definition
- Task shifting
- Training

**Malaria**

- Home-based management of malaria
- Insecticide-treated nets (ITNs)
- Intermittent preventive treatment
- Malaria case management
- Malaria diagnosis
- Malaria in pregnancy
- Malaria treatment in adults
- Malaria treatment in children
- Rapid diagnostic test

**Maternal, Newborn and Child Health**

- Active management of the third stage of labor
- Acute malnutrition management
- Antenatal care
- Birth preparedness
- Community case management of child illness
- Cultural responsiveness/adaptation of delivery care
- Diarrheal disease prevention and case management
- Emergency obstetric care
- Emergency treatment assessment and triage (ETAT)
- Essential newborn care
- Essential obstetric care
- Growth monitoring/growth promotion
- Immunization
- Infant and young child feeding
- Infection prevention in delivery care
- Integrated Management of Childhood Illness (IMCI)
- Low birth weight/kangaroo care/skin-to-skin
- Maternal nutrition

- Maternal sepsis/infection
- Micronutrient supplementation
- Neonatal sepsis/infection
- Newborn resuscitation/asphyxia
- Pneumonia case management
- Post-partum care
- Post-partum hemorrhage
- Pre-eclampsia/eclampsia
- Skilled birth attendance

**Orphans and vulnerable children**

- Building QI capacity in OVC implementers
- Coordination of OVC care
- Developing OVC service standards
- OVC services
- Youth involvement

**Other**

- Chronic conditions
- Environment
- Infectious diseases
- Influenza
- Mental health
- Non-communicable diseases
- Nutrition
- Prevention
- Water and sanitation

**Patient Safety**

- Adverse events
- Antimicrobial resistance
- Blood safety
- Hand hygiene
- Infection control and prevention
- Medical injection safety
- Surgical safety
- Waste management

**Reproductive Health**

- Adolescent reproductive health
- Family planning
- FP-HIV integration
- FP-MCH integration

**Tuberculosis**

- Directly observed treatment, DOTS
- Isoniazid preventive therapy
- Multidrug-resistant (MDR)/Extensively drug-resistant (XDR) TB
- Public-private mix
- Social mobilization
- TB case finding and diagnosis
- TB case management
- TB infection control
- TB-HIV

**Region and Country:** Use CTRL + Click to identify the region and country where this collaborative was implemented.

**Date improvement activities began:** \* Select month and year when teams in the collaborative began improvement activities.

Year:\*

Month:\*

**Language:** Please select the language in which the collaborative profile is written. (For example, select “English” if the collaborative profile is written in English.)

**Date of end of collaborative:** If the collaborative has ended, select the month and year when the final conference or last learning session of the collaborative took place. If the collaborative is still ongoing, leave this field blank.

Year:

Month:

**Aims/objectives:**\* Improvement objectives or aims are statements of the desired outcomes that a collaborative seeks to achieve; they define a collaborative’s purpose and guide its planning and implementation. Please briefly describe the objectives of this collaborative and its quantitative targets for improvement. (Example: “The collaborative seeks to improve compliance with case management standards for key childhood illnesses. The collaborative’s aim is to reduce case fatality from diarrhea in children under five years by 25%.”)

**Implementation package/interventions:**\* The implementation package defines the critical changes to current practice that all teams in a collaborative will implement. The initial implementation package lays out a set of practices and desired procedures built on the best existing evidence that both local and international stakeholders and experts agree, if implemented, will lead to the desired outcomes. Briefly describe the key technical interventions or best practices that teams participating in this collaborative are expected to implement. If available, upload a document describing the collaborative’s implementation or change package using the “Related documents” feature below or attach documents to an email.

**Measurement:**\* Please briefly describe what are the key indicators used by teams participating in this collaborative to reflect progress toward meeting the collaborative’s improvement objectives. Please indicate how and how often teams are expected to measure these indicators. If available, upload a document describing the collaborative’s measurement strategy or indicators using the “Related documents” feature below or attach documents to an email.

**Spread strategy:** Collaboratives typically seek to develop service delivery models, organizational changes, and operational knowledge about how to implement best practices in a specific setting that can be scaled up throughout the sponsoring organization. Please describe the plan for scaling up to more sites the best practices developed in this collaborative, either through a spread collaborative or other spread strategy.

**Number of sites/coverage:**\* List the number of sites (facilities, communities, or teams) participating in the collaborative and the geographic coverage in the country. If additional sites have joined the collaborative since its beginning, please also indicate the number of sites that were participating when the collaborative began. Indicate what proportion of the total of number of this kind of site in the country is represented by sites participating in the collaborative. (Example: There are 22 health centers participating in the collaborative, located in 22 districts in 6 of the country’s 10 health regions. There are 60 districts in all in the country.)

**Coaching:** Describe how teams are supported in the technical areas addressed by the collaborative and in the use of QI methods. Use the “Related documents” feature or attach files to an email to add to this collaborative profile any tools used by coaches to guide teams or gather lessons from teams.

**Learning sessions & communication among teams:** An essential feature of a collaborative is the network it creates that shares experiences, results, and promising practices across teams. These shared learning opportunities are often organized as “learning sessions,” but may also involve communication of results by coaches who visit multiple teams, use of a Web site where data and experiences are posted, telephone calls, smaller meetings, and other mechanisms. Please describe how and how often teams share results and best practices in this collaborative. Use the “Related documents” feature below or attach documents to an email to share documents describing how learning is shared or tools for facilitating the sharing of lessons in this collaborative.

**Results:** What are the main results the collaborative has achieved? What evidence has been collected to show that the implementation package led to improved care? If any reports have been written to present the collaborative’s results, please use the “Related documents” feature or attach documents to an email to share them.

**Best practices/conclusions:** If the collaborative has ended, what were the final best practices developed by teams to improve care? What recommendations came out of the collaborative for how other sites can improve care in this area? Use the “Related documents” feature or attach documents to an email to add reports on the collaborative’s results to this profile.

**collaborative\_img:** To attach a photo related to the collaborative, please browse to the location of the image and then click ‘Upload’. Allowable file types are those with extensions jpg jpeg png or gif.

**Related documents:** To attach a document to your collaborative profile, please browse to the location of the file and then click ‘Upload’. To add more than one file, click ‘Add another item’. Allowable file types are those with extensions jpg jpeg gif png txt doc docx xls xlsx pdf ppt pptx pps odt ods or odp.

**Fulltext URL:** To link to a file or page on another website, please give the name of the file in the ‘Title’ field and write the complete web address in the ‘URL’ field. Click ‘Add another item’ to add more than two URLs.

Please click ‘Save’ before leaving the page to save your Collaborative Profile to the HCI Improvement Database. Once the profile has been published by the site administrator, you may revise the profile at any time by selecting the ‘Edit’ tab above the profile. (You must be logged into the site to change a collaborative profile.)