AGENDA

- 8:30a -12:00p (Break at: 10:00 -10:15) WORKING SESSION
 - AIMS
 - Process Mapping
 - Action Plans
 - Develop Clearly Defined Team Roles and Responsibilities
 - Develop Communication Plan
- 12:00p 12:30p
 - Intro to Capability Maturity Model

****LUNCH 12:30p -1:30p****

- 1:30p 2:30p
 - CMM Scoring –August
 - CMM Scoring November
- 2:30p 4:30p (Break at: 3:30p 3:45p)
 - Team Presentations (15 mins each)
- 4:30p 5:30p
 - Closing Remarks

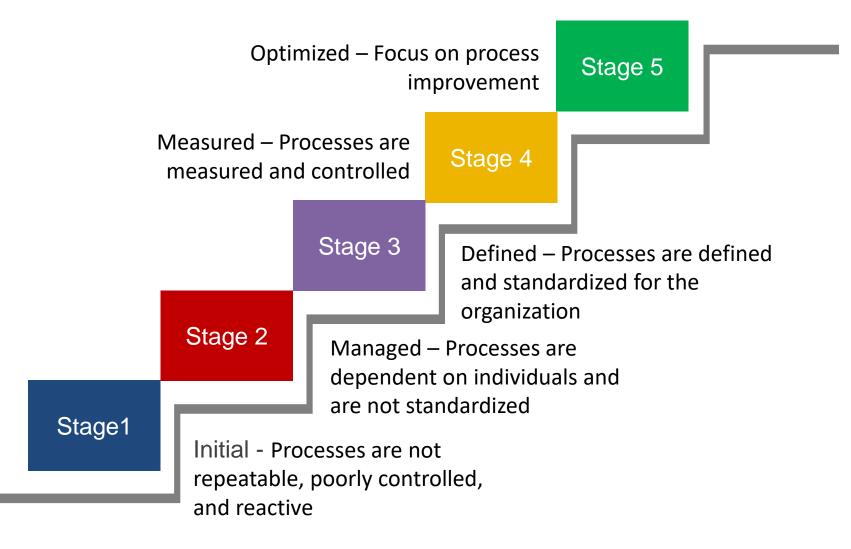
LARC Capability Maturity Model

Updated as of 10/11/16

Capability Maturity Model (CMM)

- Developed by Carnegie-Mellon University Software Engineering Institute (1987)
- Introduced a process for assessing software capability through a structured, sequential manner
- Described the maturation of each function according to a linear scale of increasing capability
- Can be adapted to evaluate an organization (or regional initiative) capability

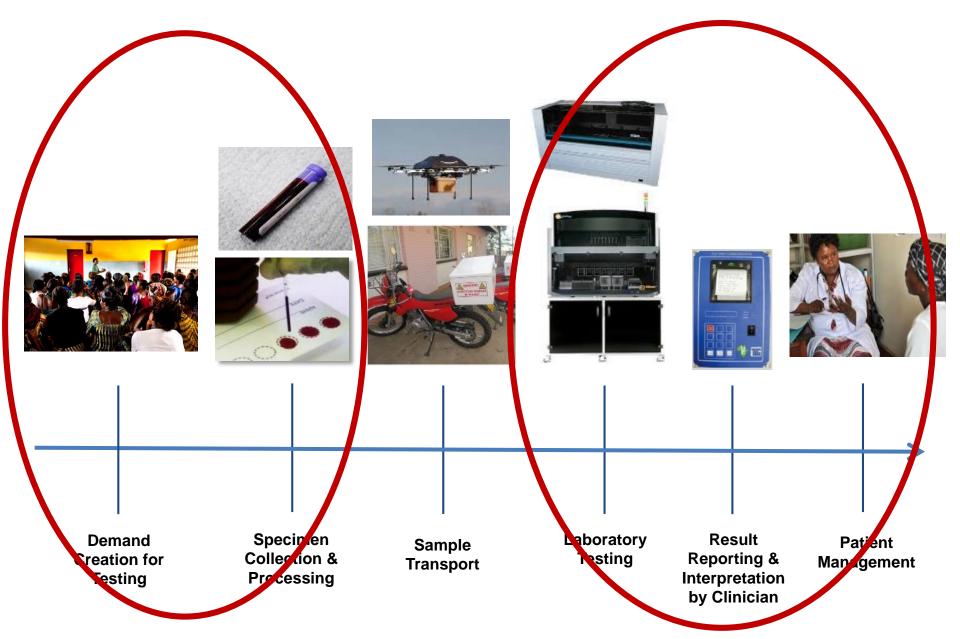
CMM Stages



Organizational Assessment with CMM

- Establish core functions in which capability is required
 - Based on the organizational goals, identify the essential functions
- Describe sequential stages of maturity of each function
 - Progression is step-wise and linear
 - Characteristics that define each maturational stage
 - Progress from one stage to the next reflects a meaningful improvement in a key function
 - Sets a clear path of achieving maturational goals

The Viral Load Cascade



Demand Creation for Testing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Clinicians unaware of access to viral load testing and have not been educated on its role in ART monitoring	Increased awareness of VL testing in clinicians, however minimal information is shared with clients	Clinicians routinely educate clients about viral load testing and its benefits	Organization reviews routinely collected program data to measure performance in relation to standard operating	Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve
Community leaders/CSOs unaware of access to viral load testing	Clinicians occasionally order viral load testing for clients	Clinicians routinely order viral load testing in- line with national guidelines	procedures and national guidelines for clinician use of viral load testing and education of clients	the process of demand creation for viral load testing
and have not been educated on its role in ART monitoring	Community leaders/CSOs have an increased awareness of viral load testing and its role in ART monitoring	Community leaders/CSOs play an active role in educating their community about knowing their viral load	All stakeholders (e.g., clinicians, client groups, community leaders, etc.) play active role in community education about VL testing and	
access to viral load testing and have not been educated on its role in ART monitoring	□ Clients have an increased awareness of viral load testing and its role in ART monitoring	status Clients are aware of and actively seek viral load testing	promote campaigns for all individuals to know their VL	
operating procedures for viral load testing and education	Standard operating procedures for viral load testing and education are in development	Viral load testing and education standard operating procedures are established and implemented across the organization		

Specimen Collection and Processing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
 No client access to viral load testing/specimen collection No standard supply chain system for specimen collection commodities (e.g., DBS bundles) so supplies limit ability to collect specimens Clinicians/personnel not trained to complete specimen requisition forms No standard operating procedures for appropriate viral load specimen collection and preparation 	 Viral load specimens are collected occasionally and only on certain days, limiting client access to testing and increasing burden for clients to return for VL sample collection Increased capacity for supply chain system for specimen collection commodities, however not standardized Increased awareness in clinicians/personnel for properly completing requisition forms Standard operating procedures for appropriate viral load specimen collection and preparation are in development 	 Viral load specimens are collected routinely with few barriers for clients Standardized supply chain system for specimen collection commodities Clinicians/personnel complete specimen requisition forms accurately and completely Viral load specimen collection and preparation standard operating procedures are established and implemented across the organization 	 Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for specimen and collection preparation All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in appropriate viral load specimen collection and preparation to facilitate clients to know their VL 	□ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of specimen collection and preparation

Laboratory Testing

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
 Inadequate lab infrastructure for viral load testing (i.e. space/storage/ equipment/reagents/kits for viral load testing) Laboratory staff are not properly trained nor competent to test viral load specimens Laboratory has little or no capacity for viral load testing No standard operating procedures or competency standards for laboratory viral load testing 	 Improved laboratory infrastructure, however, laboratory is only able to receive and test viral load specimens occasionally or must refer to another laboratory Laboratory staff are trained, however, competencies are minimal Laboratory is has minimal capacity and viral load testing is occasionally completed in a timely manner Standard operating procedures and competency standards for laboratory viral load testing are in development 	 Laboratory is able to regularly receive and test viral load specimens in timely manner Laboratory has appropriately trained and competent staff Laboratory is working at capacity and viral load testing is completed in a timely manner Laboratory viral load testing standard operating procedures and competency standards are established and implemented across the organization 	Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for viral load specimen testing	□ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of laboratory viral load specimen testing

Results Reporting

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
 Results are not received in a timely manner at the clinic from the laboratory Results are not recorded in the client's chart in a timely manner No standard operating procedures for results reporting and documenting results in the client's chart 	 Results are occasionally received in a timely manner by the clinic from the laboratory Results are occasionally recorded in the client's chart in a timely manner but often not returned to clients Standard operating procedures for results reporting and documenting results in the client's chart are in development 	 Results are regularly received by the clinic in a timely manner from the laboratory Results are regularly recorded in the client's chart in a timely manner and returned to the client regularly Results reporting and chart documentation standard operating procedures are established and implemented across the organization 	 Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for results reporting Clinic ensures a facility-based person is accountable for timely recording of VL results in client charts and notification of clients with VL>1000 to return to clinic prior to scheduled appointment 	Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process for results reporting

Results Interpretation and Client Management

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
 Viral load results are difficult to read and interpret and requires laboratory assistance Clinicians are not properly trained to interpret viral load results Clinicians are uncomfortable integrating viral load results into ART care Clients do not understand their viral load results Clinicians have no backup person to call to discuss difficult cases or clients who require 2nd line treatment No standard operating procedures for result interpretation and client management 	 Viral load results are occasionally readable and interpretable and requires minimal laboratory assistance Increased awareness of result interpretation by clinicians Few clinicians are comfortable integrating viral load results into ART care Clients have a limited understanding of their viral load results Intermittent availability of consultation for 2nd line treatment Standard operating procedures for result interpretation and client management are in development 	 Viral load results are consistently readable and interpretable by clinicians Clinicians are adequately trained in viral load result interpretation Clinicians regularly discuss VL results with clients Clients understand their viral load results and can repeat their understanding back to the clinician Standardized system in which all providers have a designated POC/referral system in place to consult for management of VL results and switch to 2nd line Result interpretation and client management standard operating procedures are established and implemented across the organization 	 Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for client management All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in client management and their viral load Clinic has ability to identify missed opportunities for ensuring VL results are integrated with client management 	□ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management

Group Work

- Measure Your Progress
 - Review the checklist for each stage
 - Discuss among group how you measure
 - Must gain consensus among team
 - Provide clear reasons/rationale for your measurement
- Review AIMS, Action Plan

CMM Benchmark

	Area:	Country Team:
What Stage?	Why/Rationale/Justification? (What <u>is</u> or <u>is not</u> in place/happening that justifies this stage?)	What will you do to show improvement? (Next Steps – should align with action plan)
August 2016	In Place/Happening:	
Stage: 1		
	Not In Place/Not Happening:	
November 2016 Stage: 2	In Place/Happening:	
51856. 2		
	Not In Place/Not Happening:	