



National Collaborating Centre
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Purple Paper

Lessons learned from the Edmonton Learning Site: A partnership between the National Collaborating Centre for Infectious Diseases (NCCID) and Alberta Health Services-Edmonton STI Clinic (AHS-Edmonton STI Clinic)

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In February 2008, the National Collaborating Centre for Infectious Diseases (NCCID) hosted a forum in Montreal, entitled 'Building and Exchanging Knowledge for Reaching Vulnerable Populations', which focused on obtaining insights from practitioners working in outreach to populations most at risk for Human Immunodeficiency Virus (HIV) and other sexually transmitted and bloodborne infections (STBBI). As a result of this forum, NCCID began the 'outreach project' with two main sections: 1) the Outreach Planning Guide (including custom tools for practitioners to implement the steps outlined within the Guide), and 2) the 'Learning Site' which was a partnership between NCCID and Alberta Health Services. Readers are directed to Issue 32 of the Purple Paper for further details about the development of the Outreach Planning Guide (1). This edition of the Purple Paper provides an overview of the Edmonton Learning Site, and its implications for public health program planning; specifically, outreach to vulnerable populations for the prevention of HIV and other STBBI.

Key Points

- A 'Learning Site' represents an evidence-informed model of best practice which, if emulated by similar programs in other jurisdictions can improve program and service delivery in the short-term which can positively impact long-term public health. A learning site^a can be established in any context, focusing on any public health issue.
- The program evaluation tools (in square brackets) were developed for the Edmonton Learning Site in parallel with the Outreach Planning Guide (steps 1-4), and involved input from the same consultant. The development of the Learning Site followed the 4 steps outlined in the Outreach Planning Guide, which are: 1) Get to know your population [situational/gap analysis], 2) Design your outreach program [develop a logic model], 3) Deliver the services, and 4) Measure the results [develop a performance measurement matrix and monitor progress].
- The 'documentation' of the Learning Site was a reflective exercise involving Alberta Health Services' Public Health Outreach Team (PHOT) and resulted in several actionable recommendations for improving the process of developing a future learning site in Canada.
- The partnership between NCCID and AHS-Edmonton STI Clinic was mutually beneficial. NCCID's support resulted in improved ability of AHS-Edmonton STI Clinic outreach services to intentionally, continually, and consistently measure, evaluate, and respond with program/policy changes based on context-specific data gathered within the program. Prior to NCCID's involvement, this data was not available; it was through the development of the performance measurement matrix that indicators were defined and used for data collection.

^a The Edmonton STI program is an example of a learning site where the theory in the Outreach Planning Guide was put into practice.

- NCCID also provided support for the Syphilis/HIV Point-of-Care (POC) testing project, which resulted in three quarterly reports documenting operational details (e.g. the “non-research” side) of delivering POC testing in outreach settings, including ongoing challenges/processes, changes in roles/service delivery required to offer testing. A scientific publication is expected to be forthcoming concerning the ‘research side’ of the project.

Background

What is a learning site, and how was it conceived?

A learning site is a concept arising from the program science literature (2). Essentially, it is a jurisdiction that uses an evidence-informed approach to improve local public health infectious disease program policies and service delivery. The mission of NCCID is to “encourage the integration of evidence on infectious diseases into public health programs, policies, and practices.” In 2008, NCCID partnered with AHS-Edmonton STI Clinic to develop a “Learning Site” which was focused on the prevention of HIV and other STBBI. The Edmonton Learning Site continually collects and analyzes program-specific data from Alberta Health Services’ public health outreach program on the epidemiology and transmission dynamics of infectious diseases in the region. From this, the Public Health Outreach Team (PHOT) can strategically consider methods to achieve the optimum intervention mix for the population served by their program. The diagram on the next page (Figure 1) illustrates the simultaneous activities which took place during the development of the Edmonton Learning Site and Outreach Planning Guide.

The Edmonton Learning Site built upon their existing public health outreach program which began in 2003, for the purpose of ‘scaling up’ the program in order to create a model of excellence for Canada (see Figure 1). The intention was to share the experiences and successes of this program with other regions for the prevention/reduction of HIV/STBBIs in Canada. In this way, HIV/STBBI outreach programs in Canada can emulate a similar planning, evaluation, and service delivery process by creating program-specific planning tools for new and/or existing outreach programs. This past year,

NCCID also began supporting Canada’s first Syphilis/HIV Point-of-Care (POC) testing pilot project. The results of this project will be available to inform policy and practice concerning syphilis point-of-care testing for difficult-to-reach populations.

Why was Edmonton chosen as the jurisdiction for NCCID’s first learning site?

A demonstrated need for improved programs coupled with a willingness to engage in the NCCID knowledge translation/program science process, were required for Alberta Health Services to be chosen as NCCID’s first learning site. Edmonton had seen a significant increase in HIV and Sexually Transmitted Infections (STIs) in the years prior to the 2008 forum. The Edmonton public health outreach program was originally established in 2003 to address the high number of hepatitis C positive test results linked to individuals living in the ‘inner city’. From the outset, the public health outreach team (PHOT) recognized the value of a community development approach, linking bloodborne pathogens and notifiable STI services with programs dealing with health and social issues for the purpose of strengthening the network of support and addressing gaps.

NCCID initiated a partnership with Alberta Health Services (formerly known as Capital Health) Edmonton STI Clinic in 2008 to provide support for the adoption of evidence informed practice and to strengthen Alberta Health Services’ capacity to plan, implement, evaluate and document Edmonton’s STBBI outreach program.

Planning Tools for the Edmonton Learning Site

The Edmonton Learning Site is an example of the Outreach Planning Guide ‘in practice’. Program-specific evidence-informed products resulting from the partnership between NCCID and the Edmonton Learning Site included:

- Situational Assessment
- Program Logic Model
- Performance Measurement Framework
- Gap Analysis.

These products were used throughout the planning and delivery of the program (and became the evidence- and practice-informed steps outlined in the Outreach Planning Guide).

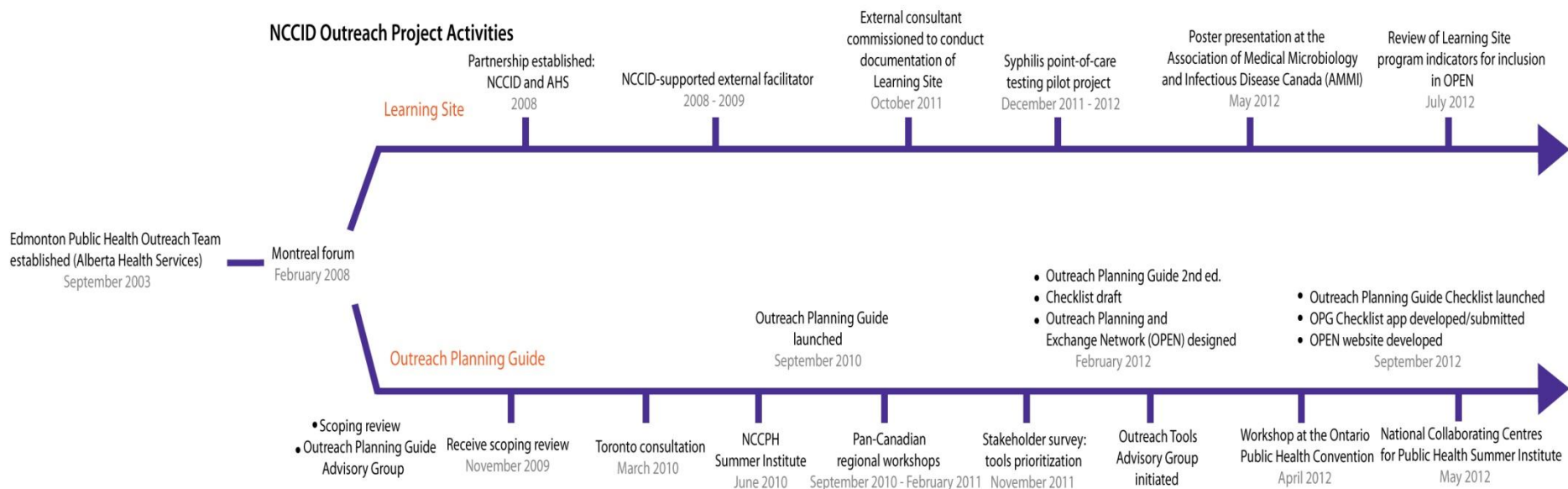


Figure 1. NCCID Outreach Project Activities: 1) Edmonton Learning Site, and 2) Outreach Planning Guide

The **situational assessment** broadened the types of data that were used to inform the program. The **logic model** framed the desired outcomes which, in turn led to the **performance measurement framework**, generating indicators to track progress and achievement of outcomes. These indicators provide a clear definition for which type of data will be collected, from where, and how the indicator will be measured using qualitative or quantitative information. The **gap analysis** has influenced decision-making about priorities such as where the outreach team sites should be and which populations to target. Developing these planning tools has created a culture of intentional, ongoing data-gathering and a decision-making process informed by evidence and experience that engages the front line staff, manager, supervisor, and epidemiologist.

Syphilis/HIV Point-of-Care Testing Pilot

There are a multitude of factors influencing the ability of disadvantaged populations (also referred to as vulnerable or priority populations) to make and keep an appointment to get tested for STBBIs. Even more challenging is to find clients who do not return to learn the results of their laboratory test. A solution in outreach is on-the-spot testing, referred to as 'Point-of-Care (POC) testing' since this portable test kit can provide a result from a finger prick blood sample in minutes while the outreach worker collects a more detailed history from the client. A research project which evaluated the performance and acceptability of syphilis and HIV POC testing in populations targeted by outreach services in Edmonton was initiated on February 14, 2011 by the Edmonton PHOT. In Canada, POC syphilis tests had not been previously evaluated in clinical settings and HIV POC tests had not been previously carried out or evaluated at the point of care in Alberta. The PHOT is comprised of Registered Nurses and Outreach support workers. The testing is offered to individuals at existing outreach sites, including correctional and addictions facilities, bathhouses, inner city health centres and drop-in centres^b. A descriptive analysis of the first 200 study

^b Drop-in centres are independently run, community agencies developed to support vulnerable populations in the city. In partnership with the Outreach Team, the agencies provide a physical space and organizational support for Outreach to provide screening opportunities.

participants was provided in a poster presented at the 19th International Society for STD^c Research in Quebec City, July 2011 (4). The study has now been completed and enrolled just over 1000 individuals; final evaluation is underway.

Alberta Health Services' Edmonton Learning Site has documented detailed process issues, such as training needs, initial concerns from staff, issues of quality assurance, and issues with the testing sites and point-of-care test kits, as the project progressed. Key operational lessons learned were:

- The pipettes provided with the kits by the manufacturer were initially challenging to use. With assistance from the laboratory study coordinator, staff found a different pipette that worked better. The manufacturer asked that the provided pipette be used, but it was only after the study coordinator attended a manufacturer training session that it was discovered that staff had been using the pipettes incorrectly. After holding a training session for staff, they found the original pipette much easier to use and have been using it since. **This highlights the critical need for thorough training and description on the use of all equipment required to perform the POC testing.**
- There were a small number of positive POC tests for HIV in high-risk individuals. These clients experienced considerable stress in being given a positive POC HIV result, while having to wait several days for the results of the confirmatory testing. **This experience reinforces the importance of having procedures in place to deal with positive tests at the point of care while parallel standard test result are pending (e.g. such as psychological support).**

Documentation Exercise

In the fall of 2011, NCCID was interested to learn about the value of supports offered by NCCID to Edmonton's PHOT and to document the team's model of practice. This was completed by conducting face-to-face interviews with the leadership group and front line outreach staff, key informants within the outreach sites, and others with historical knowledge. A total of 30 interviews were conducted with front line outreach staff, staff

^c Sexually Transmitted Diseases

managers, and key informants in the outreach sites. Below are some highlights of the documentation exercise.

How do we know the partnership between NCCID and AHS- Edmonton STI clinic (the Edmonton Learning Site) was successful?

- The Edmonton program has drawn value from being part of an increased range of national conversations because of the link with NCCID.
- The goal of the Learning Site was to improve HIV/STBBI programming using solid evidence. With NCCID's support, the Edmonton program was able to develop evidence-informed planning tools, which enabled continuous collection of epidemiologic data on their target populations. This has, in turn, provided an evidence base for informing programming decisions.
- The Outreach Planning Guide has benefited from the field perspective of the PHOT during its development. The STI outreach program provided feedback and examples which were incorporated into the Outreach Planning Guide (see point below).

What helped the Edmonton program's model work in practice?

- The PHOT built relationships of trust with site staff and the people who access their programs and services; the relationships opened the door to addressing STBBIs and related issues affecting health.
- The service is offered in a safe environment that is convenient and available "in-the-moment".
- The Edmonton program is both consistent (e.g. the guiding principles/program goals) and flexible (e.g. service delivery sites, staffing mix and services offered can change based on need).
- Decision-making balances autonomy and accountability, delegating operational decisions to the front line outreach staff (PHOT); mutual support among the staff.

What lessons can be learned from the Edmonton Learning Site experience that can be transferred to the creation of another future learning site?

- At the outset, establish a common understanding of what is meant by the term 'learning site'.

- As with Edmonton, connect learning teams with support from individuals whose experience is firmly grounded in the field. Allocate sufficient resources for the support person(s) to work alongside the team over a period of time.
- Experience with the external facilitator had multiple benefits. His challenging questions and extensive field work experience helped build the capacity of the team to apply critical thinking to decision-making and broadened their understanding of potential sources of evidence to inform planning.
- Continue to respect and build upon local knowledge and experience, and recognize realities of time and human resources.
- Continue to create opportunities to link the learning site with others across the country who are involved in similar work.

Conclusion

Since the 2008 Montreal forum, the Learning Site has developed from a mere 'concept' to reality. Through its establishment, NCCID has furthered its mission to "encourage the integration of evidence on infectious diseases into public health programs, policies, and practices." NCCID's support for the pilot research project assessing POC testing in an outreach setting will likely inform future policy decisions concerning its availability for use in practice in Canada. The operational reports provide experiential evidence for consideration upon implementation of POC into its outreach programs.

The documentation of the Edmonton Learning Site highlighted the value of the partnership between AHS- Edmonton STI Clinic and the NCCID as mutually beneficial. The practitioners at the Edmonton Learning Site provided feedback on drafts of the Outreach Planning Guide as it developed, strengthening this evidence-informed document with practitioner insights. The planning tools developed for the Edmonton Learning Site continue to enable the PHOT to consistently collect and analyze program specific data, which forms the basis for enacting evidence-informed program level policy changes. In essence, the Edmonton Learning Site is an example of the Outreach Planning Guide 'in practice'.

A learning site can provide measurable outcomes derived from the integration of scientific and experiential spheres of knowledge into policies and practice (e.g. priority setting, program implementation and management) within its internal programs. Externally, a learning site becomes a resource-by-example for building the capacity of program planners providing similar services in Canada. NCCID is currently considering the creation of additional learning sites focusing on other public health diseases of concern.

Acknowledgement

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