

# Preventing Institutional Knowledge Loss at Health Department Viral Hepatitis Programs

## Program Tracking

The intent of this document is to use in tandem with the Program Tracking Spreadsheet as a complementary tool to capture programmatic details that are not easily tracked in a spreadsheet. This tool provides guided prompts for viral hepatitis leaders to complete that will:

- Aid in the transfer of institutional knowledge;
- Foster mentorship within existing viral hepatitis programs, and;
- Provide a functional document for leaders to utilize in times of transition within a program.

The structure and nature of this document is at the discretion of the team completing this work.

While specific details like contacts, funding lists, and full-time employees (FTE)s are more easily captured in a spreadsheet tracking environment, we acknowledge that the institutional knowledge that comes with long term leadership can be more nuanced, and potentially less simple to transfer via tracker. The questions and prompts included in this document were informed by feedback provided by former and current viral hepatitis jurisdictional staff, when polled on what they did in their transitions, and what they wish they may have had when entering into new, similar public health positions.

This document is meant to be tailored to each jurisdiction's needs. Structure and format changes are welcome.

\*It is important to note that some of these prompts are designed for thoughtful legacy planning, and reflection and not meant to be included in a jurisdictional document. Please use your discretion as to what should be documented.

## Program Summary

## Core Program Description

### 1. What are the core components for your viral hepatitis program?

Please list and identify all essential program components.

Below is a refined list of the possible essential components. Adjust or annotate based on leadership input.

- Surveillance & Reporting
- Outbreak Detection & Response
- Case / Disease Investigation
- Health Education / Training/Communication
- Testing & Diagnosis
- Linkage to Care & Treatment Access
- Primary Prevention
- Secondary Prevention / Harm Reduction
- Policy & Advocacy
- Stakeholder Engagement & Support
- 340B Implementation & Evaluation
- Grant-funded Activities & Evaluation (CDC, State Grants)

*This is also a great place to incorporate program goals and success measures*

If core vs not core activities is not possible, you could rank in a table.

a. What components of the viral hepatitis program are core functions and essential to ensure continuity of services?

i. In the event of an outbreak or public health emergency, what is the plan to keep operations going?

b. What program components are mandated by funding?

i. What grant deliverables and performance measures are required to be met?

ii. Are there required reporting (e.g., from CDC categorical or syndemic (HIV/STI) funding, Substance Abuse and Mental Health Services Administration (SAMHSA), opioid settlement funds, state/local/territorial funds, partnerships or activities)?

iii. What staffing is tied to funding?

c. What program components are mandated by federal, state, territorial, tribal, or local laws or regulations?

d. What program components are cornerstones of your viral hepatitis program, but are not required by law or funding?

**2. What are the credentials of your viral hepatitis program director/team lead?**

**3. What program components are considered “nice to have”, but their removal would not affect consumers?**

**4. What are the short term goals of your program?**

a. What are the measures of success?

**5. What are the long term goals of your program?**

a. What are the measures of success?

## Surveillance

### 1. Is viral hepatitis surveillance integrated into your program? Is surveillance siloed?

a. Does the viral hepatitis program also conduct surveillance for hepatitis A, B, and C? If not, which program or unit conducts surveillance for each condition?

i. How are surveillance findings communicated to the hepatitis prevention program, if separate?

b. Does your program also conduct surveillance for perinatal hepatitis C? If not, which program or unit conducts surveillance

i. Is there linkage to care support?

c. Does your program conduct surveillance for perinatal hepatitis B? If not, which program or unit conducts surveillance

i. Is there linkage to care support?

d. Is viral hepatitis surveillance integrated with surveillance for other conditions (e.g., HIV, STIs, other communicable diseases) or is it a stand-alone surveillance program? How is it structured and how is information shared across programs, if applicable?

e. How is your team included in the viral hepatitis outbreak response?

i. What are the roles of viral hepatitis staff during an outbreak?

1. Are there SOPs in place in the event of an outbreak?

## Interjurisdiction Program Partners

### 1. How does your viral hepatitis program interact with:

| PROGRAM                               | INTERACTION |
|---------------------------------------|-------------|
| HIV                                   |             |
| STI                                   |             |
| Overdose Response                     |             |
| Health Care Acquired Infections (HAI) |             |
| Child Health Programs                 |             |
| Injury and Violence Prevention        |             |
| Department of Mental Health           |             |
| Vaccine Preventable Disease           |             |
| Other                                 |             |
|                                       |             |

**2. Does your jurisdiction have a viral hepatitis elimination plan in place?**

a. If elimination language is not used, what language is used?

b. Where is the elimination plan located?

i. Is the plan published?

1. If so, where?

ii. How often is the plan updated?

1. Please provide examples of frequency that plan components are updated?

a. E.g. Surveillance data, testing reporting, linkage to care?

c. What are the core goals outlined in the plan?

**3. Does your jurisdiction have an Health and Human Services (HHS) or infectious disease strategic plan?**

a. Is viral hepatitis included in the plan?

b. Is viral hepatitis surveillance included as a metric or performance indicator in the plan?

i. If yes, please share what metrics are included

**4. Do you have a SharePoint site or shared drive with centralized access and a functional organizational structure?**

a. If yes, where is it located and how is it structured?

b. If no, can this be generated?

**5. How quickly could a new leader step into the position if the current leader had to suddenly step down?**

a. What standard of practices (SOP)s are in place to allow for a quick transfer?

i. Which aspects of your programs have SOPs? How often are these SOPs updated and by who?

ii. Which aspects of your program do not have SOPs, but could use them?

iii. Who could develop these SOPs and what is the reasonable timeline?

b. Does a memo exist with critical contact/deadlines/institutional knowledge to help with this transition?

i. If yes, where is this document located?

ii. If no, should such a document be developed and who should be responsible for creating it

c. What external resources might be helpful for staff?

**6. What are the top three priority areas in your viral hepatitis program?**

**7. What are three internal challenges that impact program implementation?**

**8. What are three external challenges that impact program implementation?**

**9. Is there any program restructuring you would recommend to better optimize program efficiency?**

**10. What key relationships are critical to the program's success?**

**11. What are the primary lessons learned from your time in the program?**

**12. How are key decisions made within the program?**

a. What level of approval is required?

## Grant Writing and Funding

1. How many grants fund your viral hepatitis program and from which agencies? What are the funding cycles and amounts for each grant?

| GRANT | AGENCY | FUNDING CYCLE LENGTH | DATE OF FUNDING |
|-------|--------|----------------------|-----------------|
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |
|       |        |                      |                 |

2. Who is involved in drafting grants within the group and externally?

3. How much time do folks typically take to draft a competitive application?

4. What are timelines for departmental or agency approval?

5. Where are past grant proposals, budgets and supporting documents stored? e.g.: shared drive

**6. What parts of the statement of work (SOW) are necessary for funding?**

a. What parts of SOW align closely with program goals? Which goals have been met?

b. For those items that have not been as successful, what changes might stay within the SOW but benefit the program?

**7. Do you have a designated co-Principal Investigator (co-PI) for each grant?**

**Contracts and MOUs**

**1. Does your viral hepatitis program fund external agencies/partners?**

a. How does this funding get allocated (contract/MOU/in kind)?

b. Is there a Request For Proposal (RFP) process?

i. if so, who is involved in the RFP process?

- c. Who reads and scores the RFPs?
- d. What time of year do contracts renew?
- e. When are reports due?
- f. Who manages these contracts and monitors deliverables?

**2. What other types of formal partnerships do you have (MOU/Data Use Agreements (DUA))**

- a. How often are they updated?
- b. Who maintains these?

**3. How many FTEs does your viral hepatitis program fund? Contractors?**

- a. What is the performance management cycle for each?

## Team

**1. How often does the team engage in cross training? Is there an established rule to cross train a certain number of staff?**

a. What is your strategy for cross training? Are staff identified for cross training based on skill set, position or program need ?

**2. How would you define the team culture and what makes the team function well together?**

**3. Who would you recommend that incoming staff speak to for informational interviews to better understand the position, day to day duties, how it interacts with other programs, etc.?**

**4. Who would you recommend as a mentor for someone stepping into this position (formal or informal)?**

**5. Within the institution (can be outside of the hepatitis team if necessary) do you have a set of coworkers or employees who are within your circle of trust?**

a. If yes, what information can you pass down prior to leaving that might ease the transition?

b. What are specific lessons learned that you can pass down that will help new staff or existing staff taking on your role smoothly and avoid conflict?

i. Are there leadership relationships that need to be navigated gently?

ii. Are there political relationships to navigate at the program level? At the larger government level? If not you, is there someone who can guide staff to learn how to navigate this environment?



## Topics to think on

**1. How do you maintain transparency with your team, while also maintaining the confidential details that are necessary to maintain as a leader?**

**2. How can you instill your legacy and ensure staff are protected in your absence?**

a. Specifically, how do you ensure that your staff are confident that they will feel protected and backed in a changing environment? Is there a parallel leader they can turn to in the event that you leave?

**3. Do you have a plan on how to pass on the context of relationships and communications to teammates?**

**4. Are there relationships that you have programmatically that are second nature to you, but are potentially not known to your team? How do you pass on that relationship in an effective way?**

# Appendix: Question List

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  - b. Where is the elimination plan located?
    - i. Is the plan published?
      1. If so, where?
    - ii. How often is the plan updated?
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### Leadership Development

1. Does the team have a natural facilitator for internal and external meetings?
2. What leadership development trainings and opportunities are available for this incoming person?
3. Does the program have a structured leadership training? If yes, what is the focus area and duration?
4. Do you have staff that are informally training for leadership?
5. What strengths can you identify in your colleagues that may provide opportunities for knowledge transfer? Are there roles you currently serve that you can slowly transition your staff to do?
6. Are there community relationships that are critical to the program?
  - a. Have you identified teammates who you can gradually introduce to community partners?
  - b. Does staff interact with executive and senior leadership or elected officials?

### Topics to think on

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2. How can you instill your legacy and ensure staff are protected in your absence?
  - a. Specifically, how do you ensure that your staff are confident that they will feel protected and backed in a changing environment? Is there a parallel leader they can turn to in the event that you leave?
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