

## Roles and Responsibilities in a Learning Network

Each Learning Network is organized and staffed by a dedicated team representing multi-disciplinary areas. The following lists the most common roles needed for an effective learning network.

**In a mature network, there are typically multiple roles and shared leadership.** Partnering with other Learning Network staff, this **Leadership Team** designs and implements the activities of the Learning Network. These roles include:

**Faculty/Content Experts** –the faculty are well respected and well-known content leaders in their field. The role of the faculty is to create a shared vision and provide intellectual leadership for the topic; they must be well versed in the evidence base for the topic as well as have practical experience and achieved success in improving care and outcomes. They will work with the Improvement Advisor, Quality Improvement Consultant and Project Manager to develop the conceptual framework and measurement system for the Learning Network. The Faculty should mirror the professional roles and types of organizations of the participating teams. The Faculty should have excellent communication and problem solving skills and the ability to coach others.

**Improvement Advisor (IA)** – an expert in Learning Network design, execution, improvement theory and methods. The Improvement Advisor will guide the team to in the development of the leadership strategy and the overall design of the measurement strategy for the Learning Network.

**Quality Improvement Consultant (QIC)** – experienced in improvement theory and methods. The QIC is responsible for working with the Improvement Advisor, Faculty, Project Manager, Patients and Families to design and carry out the measurement strategy, recruit and coach improvement teams, develop the learning curriculum, teach improvement methods to the Faculty and improvement teams, and help optimize and track team and Learning Network progress.

**Patient and Family Partner(s)** – work in partnership with the **Content** Faculty and **Improvement Advisor and Quality Improvement Consultant**. They participate as full partners in the design and implementation of network development and quality improvement activities. Patients and families bring an essential perspective, knowledge and passion to guide the work of improving care and outcomes.

**Project Manager (PM)** – experienced manager in both Project and ongoing Operations environments. The Project Manager is responsible for the execution of network operations including coordinating quality improvement support; project management and project support; communications; patient/family engagement support; strategic planning; budgets & fundraising; and facilitation and oversight of regulatory, legal, data, and analytics activities. The Project Manager partners closely with the Quality Improvement Consultant, Faculty / Content Experts, Improvement Advisor and the Patient/Family Partner(s) to ensure that the Network is appropriately supported and organized to execute on Network goals.

**Learning Network staff** - consists of Project management staff, Network Operations staff, Data Management and Analytics staff and Informatics Specialist.

**Project Management staff** – experienced and trained in standard project management methodologies and techniques, project managers and project management staff are responsible for planning, managing and executing on specific development or complex improvement

projects within the Network. Project Managers and staff will work closely with the QI, Network Operations, Data/Analytics and Informatics staff along with Network Leaders to develop project scopes of work, work breakdown structures, project plans, project reports and tracking and project deliverables.

**Network Operations staff** – supports day-to-day operations for a learning network. Operations staff are responsible for the following areas (as applicable) for the Network:

- Recruitment & onboarding of new sites / care centers
- Grants/sponsor management & reporting
- Events management
- Vendor management
- Meeting management & scheduling
- Knowledge & tools management
- Budgeting & finance
- Business planning
- Research and publishing support
- Communications and network-community engagement
- Legal agreements and services
- Research and Regulatory activities

**Data Management and Analysis staff** – including biostatisticians, data managers, and statistical analysts, programmers, works with informatics specialists in the definition, specification and validation of a network's data elements and data collection forms, as well as process, outcome, and data quality measures. The Data Management team is essential in ensuring data quality and accuracy.

The Data team works with clinical faculty and QICs on measure definitions and specifications and then work with informatics to test and validate any new measures and graphs to ensure accuracy. Biostatisticians perform analysis and interpretation of data and reports. Finally the Data team provides site support for issues relating to data quality or use of the network's registry.

**Informatics specialists** – including application developers, database administrators, interface designers, and management personnel, works together to configure data collection forms and QI charts. They are able to create automated care management reports. Informatics specialist can create data linkages between EHR, registry and claims databases. Finally, informatics specialists provide technical support to network sites, perform technical maintenance and implement minor registry system enhancements.

**Research and science support**-including faculty content expertise, patient and family expertise, analyst/statistician support, and regulatory support (e.g. IRB, Data Use Agreements, etc.). Networks usually develop a research committee with protocols and process for review of research queries/proposals (e.g. relating to network sites and data) as well as abstracts and publications resulting from network data and projects.

**Improvement teams** – the sites or hospitals who participate in the Learning Network. They test and implement the changes using improvement methods and track their success. There are three critical roles that should be represented on each team: 1) Administrative leader – someone with the authority to make decisions and remove barriers when necessary; 2) Clinical champion – someone who does the work and has the practical and content expertise; 3) Team leader – someone to act as a team manager and key contact for the network. Teams may include a number of others who participate as changes are planned, tested and implemented.