ACTHIV® ChangeMakers 2024-25: Clinicians Applying an Adaptive Leadership Framework to Improve HIV Care

John JD Juchniewicz, MCIS, CHCP, FACEHP[1]; Joseph Kim, MD, MPH, MBA, FACHE[2]; Queennorah Anigbogu MSN, FNP-BC, AAHIVS[3]; Britnay Ferguson PA-C, MMSc[4]; Angela Mattingly PharmD, AAHIVP[5]; Melanie Strahm PA-C, MPH, MMSc[4]
[1]American Academy of CME, Inc.; [2]Q Synthesis LLC; [3]Parkland Health; [4]Grady Health System; [5]Damien Center

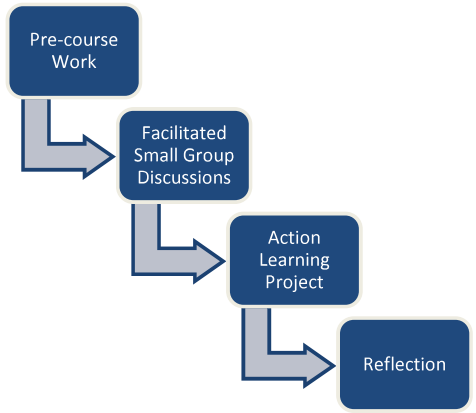
BACKGROUND

The ACTHIV® ChangeMakers program is designed to empower a small group of HIV clinicians to lead change and drive improvements in care through the lens of adaptive leadership. Adaptative leadership focuses on mobilizing leaders to tackle complex, challenging situations that require innovation and adaptation. The framework emphasizes the importance of differentiating technical problems from adaptive challenges so that leaders can embrace uncertainty and foster a collective learning environment. Recognizing the complex and evolving nature of HIV care, the program aims to cultivate leadership capacity, foster collaboration, and support innovation in clinical practice.

METHODS

Five HIV clinicians were selected to participate in an 8-month learning collaborative. One participant exited the program due to a job transition. The remaining participants engaged in a series of facilitated discussions and workshops focused on adaptive leadership principles and practices.

Clinicians reflected on their own leadership styles, identified personal strengths and growth areas, and applied their learning through the development of individualized **action learning projects** that were implemented at their clinical practice locations. Each project was designed to address complex challenges and enable clinicians to demonstrate project leadership and improve care delivery. Program participants received feedback from peers throughout the process.



Adaptive Leadership

Technical Challenges:	Adaptive Challenges:
The problem is clearly identified and defined	Difficult to define the problem
Proven technical or process-driven solutions are available	No clear solution may be available
Often solved by an expert or by an authority	Solution requires a collaborative effort by people throughout the department or organization
Implementing the solution is generally straightforward	Implementing a solution may require some experimentation

RESULTS

Action learning projects addressed a range of real-world challenges:

- Enhancing patient and provider engagement to promote wellness
- Improving medication administration workflows
- Strengthening team-based care delivery
- Advancing patient education strategies

In interviews with the program facilitator, participants (n=4) reported that the program helped them to apply key adaptive leadership skills—such as diagnosing the situation, mobilizing stakeholders, and experimenting with interventions—in their practice settings. Sharing project results and lessons learned with peers fostered mutual support and strengthened the learning community.

CONCLUSIONS

The ACTHIV® ChangeMakers program successfully supported HIV clinicians in applying adaptive leadership to drive meaningful improvements in care. Participants developed greater self-awareness, strengthened their leadership capabilities, and implemented innovative approaches to enhance collaboration and patient outcomes. This model demonstrates the value of combining leadership development with action-oriented projects in advancing the quality of HIV care.

ACTHIV ChangeMakers:
An Artistic Expression of Wellness in the Ponce Clinic Community

Britnay A. Ferguson MMSc PA-C[1], Magdalene Yonker B.A.[2], Zoë Dale M.A.[1], Gabrielle Morse B.A.[1], D'Angelo Morrison[1]
1.Grady Health System, 2. Emory University

BACKGROUND

- **Wellness** describes the active pursuit of physical, mental, emotional, spiritual, social, and environmental health.
- Wellness is a **universal need**, but the journey is individual.
- Up to **70% of primary care visits** relate to stress and lifestyle, while burnout and suicide risk among healthcare providers continue to rise.
- **Wellness is essential** for patients and healthcare providers.

METHODOLOGY

1. Formed a Multidisciplinary Team
   - P.O.P. Art Program
   - Center for Well-Being
   - Primary Care
   - Community Outreach
2. Identified a Challenge: Promoting Wellness
3. Applied an Adaptive Leadership Framework
4. Engaged Staff & Clients
   - Call for Art → Reflection on wellness → Group Exhibit → Reflection on project

RESULTS

Figure 1. Participants who contributed their artwork to the group exhibition.

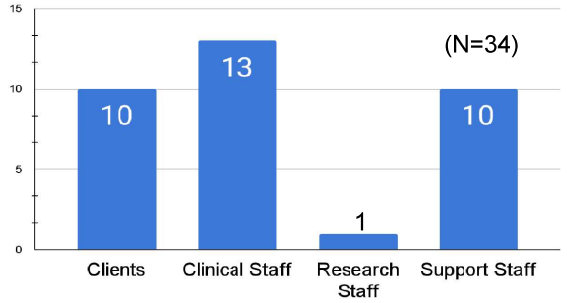


Figure 2: Did opening night attendees learn something about themself through the group exhibition?

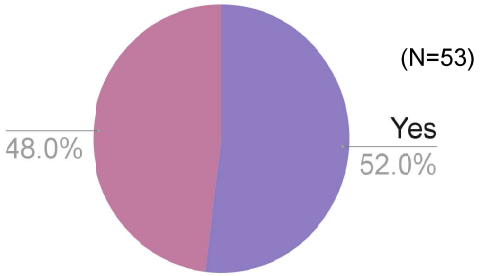


Chart 1. Themes of opening night reflections.

1. Enjoyment of the project
2. Pride in their artwork
3. Increased capacity for vulnerability
4. Increased sense of community

Figure 3. Select artistic expressions of wellness.

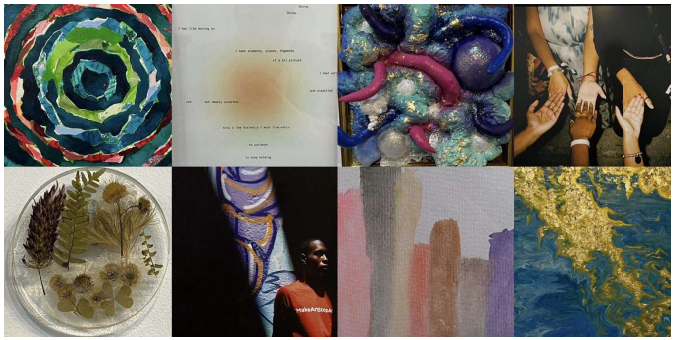
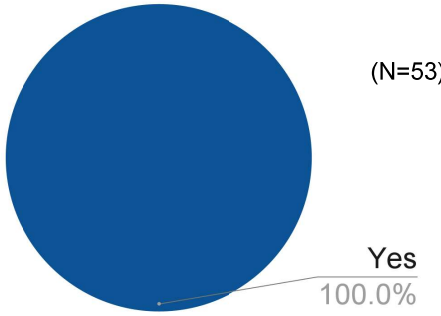


Figure 4. Would opening night attendees participate in future projects?



CONCLUSIONS

- Creating art proved to be a **powerful tool for wellness**, fostering meaningful connections with self and others.
- Inspired by its success, we plan to **launch similar projects** in the future.

ACTHIV® ChangeMakers 2024-25: Optimizing Bicillin Administration for Syphilis Treatment in the Carceral Setting

Queennorah Anigbogu MSN, FNP-BC, AAHIVS[1]; Edith Obikaram, BSN, RN, CCHP[2]; Ashley Ireigbe, BSN, RN, AMB-BC[3]; Yonas Kolaso, PharmD[4]; Nchekwube Ndife, LVN[5]; Justin Sellers, LVN[6]
[1]Parkland Health

BACKGROUND

Syphilis remains a significant public health concern, particularly in carceral settings where individuals face unique barriers to diagnosis and treatment. Bicillin L-A (penicillin G benzathine) is the preferred treatment for syphilis, but technical and adaptive challenges often hinder its timely and complete administration.

OBJECTIVE

This project evaluates the impact of a dedicated optimization team on Bicillin administration in correctional facilities, aiming to improve treatment completion rates, decrease the percentage of missed doses, and reduce systemic inefficiencies.

METHODS

The optimization team was tasked with coordinating Bicillin administration, ensuring timely and complete treatment, providing patient-centered education, and facilitating communication between ordering providers, pharmacy, and institutional systems. Applying a continuous quality improvement approach through the adaptive leadership framework, we identified and addressed technical and adaptive barriers contributing to missed or wasted doses. Examples include the timing of dose administration, tracking doses dispensed, and missing doses when the patient is absent. The team found ways to standardize technical skills, engage stakeholders for their input, and train nurses to explain the rationale for treatment and importance of ongoing monitoring for syphilis titers after Bicillin treatment.

RESULTS

Implementation of the optimization team led to increased rates of Bicillin administration and treatment completion. The percentage of missed doses decreased from an average of 12.35% to 0.92% in the first month of implementation and 0.00% in the second month of implementation. Enhanced patient education improved understanding and adherence, while streamlined communication minimized delays and facilitated the resolution of patient-specific barriers. Also, the initiative reduced medication waste and highlighted systemic challenges affecting Bicillin utilization.

CONCLUSIONS

A dedicated optimization team for Bicillin administration in the carceral setting significantly improves syphilis treatment outcomes, enhances patient education, and promotes efficient resource utilization. Expanding similar models could strengthen infectious disease management in correctional health systems. Additionally, nurses could use this opportunity to discuss HIV PrEP with patients and encourage HIV screening. This would be a great opportunity for nurses to refer patients who do not have HIV to the jail prep navigator.

Workflow Before Optimization Team

Technical Challenges:	Adaptive Challenges:
Bicillin supply / shortages	Patient's unpredictable location
Bicillin stored in pharmacy, easier to track inventory by pharmacy	Patient's lack of understanding / not seen by provider
Bicillin ordered before 1pm is administered the next weekday	Patient's lack of trust in carceral setting
Bicillin ordered after 1pm on Friday is administered on Tuesday of following week	Patient's lack of trust in the medical system
Unpredictable Availability of officers at time of medication administration	Patient's unpredictable release date
Unable to provide documents with lab results or for patient education to protect HPI	Patient's mental status
Nurses have to document on Accuflo and PEARL	Patients continuing to be sexually active during treatment
Poor internet connection when translator services are needed for patients who do not speak English.	Patient's reaction / response to incarceration
	Patient's language barrier

Workflow After Optimization Team

Technical Challenges:	Adaptive Challenges:
Can appear on Accuflo as a missed dose	Patient's location can be unpredictable
Pharmacy needs to contact floor nurse for need to administer injection	Patient's lack of understanding / not seen by provider
Nurses cannot administer Bicillin with PO medication pass scheduled times due to limitations of privacy in carceral setting	Patient's lack of trust in carceral setting
Shortage of Bicillin supply, Nursing staff, and/or security officers	Patient's lack of trust in the medical system
Bicillin stored in pyxis – challenges with tracking inventory by pharmacy	Patient's unpredictable release date
Unable to provide documents with lab results or for patient education to protect HPI	Patient's mental status
Nurses have to document on Accuflo and PEARL	Patients continuing to be sexually active during treatment
No notification of ordering provider of missed dose or patient declining treatment	Patient's reaction / response to incarceration
No protocol for when patients are released before completing treatment	Patient's language barrier
Poor internet connection when translator services are needed for patients who do not speak English.	