Using Context Assessment Toolkit in MOMENTUM Improvement Work

Evaluation Results of Its Acceptability, Feasibility, and Utility

MOMENTUM Knowledge Accelerator

September 2022





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Executive Summary

The Context Assessment Toolkit, developed by Ariadne Labs, is a structured approach to identify and help address facility-level factors that may influence the success of implementing a practice improvement.

<u>What is it?</u>

- A standardized approach to assess contextual factors at health facilities to **inform planning and managing** the introduction of changes in daily practice
- A set of short surveys and guided conversations administered at various time points throughout implementation
- Includes leaders, healthcare workers, implementation team members, and patients from the facility
- Fits into existing approach for implementing the practice improvement

<u>Benefits</u>

- Identifies challenges to a potential practice improvement that can be addressed before implementation
- Identifies a facility's strengths and challenges to inform the implementation strategy

As part of MOMENTUM Knowledge Accelerator's work, the Context Assessment Toolkit was piloted with partners in two countries and evaluated for acceptability, feasibility, and perceived utility.

Partners that participated in the Context Assessment evaluation

MOMENTUM Country and Global Leadership

Country: Indonesia

Program Activity: Hospital mentoring; Facilitative supervision at health centers

Program Activity: Adaptive intervention to improve adherence to essential infection prevention practices to minimize surgical site infections

Lifebox Clean Cut Program

Country: Ethiopia

DATA SOURCES

Participant interviews with facility staff Focus group discussions with implementers

Implementing partner surveys

Definitions of Outcomes of Interest

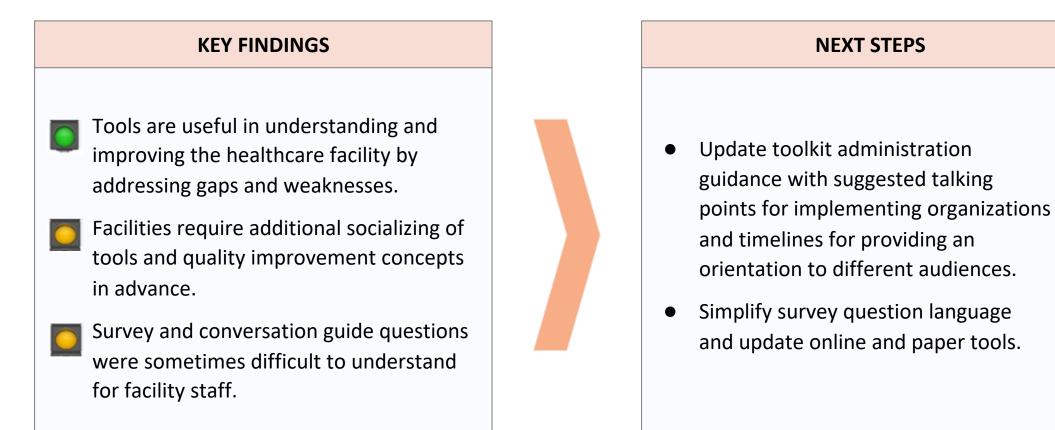
Acceptability – Are facilities willing to do the assessment? Are assessments perceived as useful, appropriate, not too burdensome?

Feasibility – Can the facilities complete the assessment tools (e.g., response rates, how long it takes to provide the data, are they able to answer the questions)? Can implementing organizations administer the assessment? What level of effort is required by respondents and the organizations in administering the assessment toolkit?

Utility – Can implementing organizations use the data/results to inform implementation decisions? Do implementing organizations feel like the information generated by this toolkit will make implementation at the facility more efficient and/or more successful? How will the results be used by stakeholders internal and/or external to the facility? Do the tools ask about relevant aspects of context?

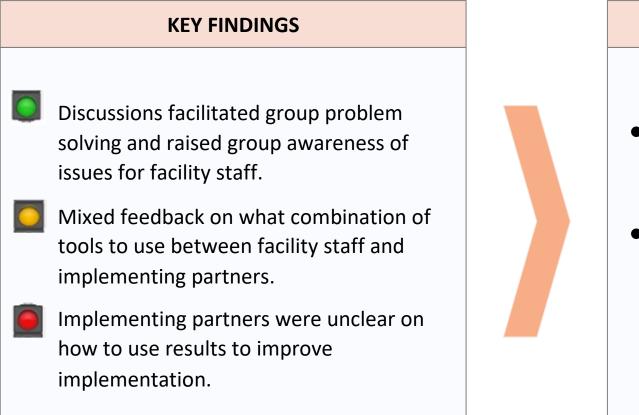
The Context Assessment Toolkit was evaluated for acceptability, feasibility, and perceived utility for the MOMENTUM suite.

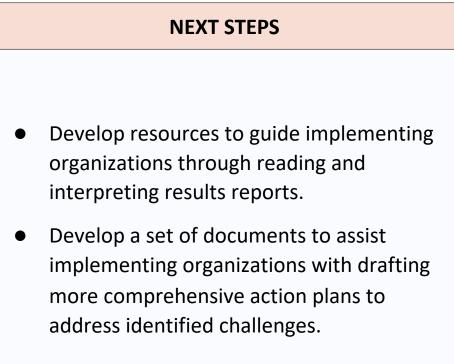
Acceptability



The Context Assessment Toolkit was evaluated for acceptability, feasibility, and perceived utility for the MOMENTUM suite.

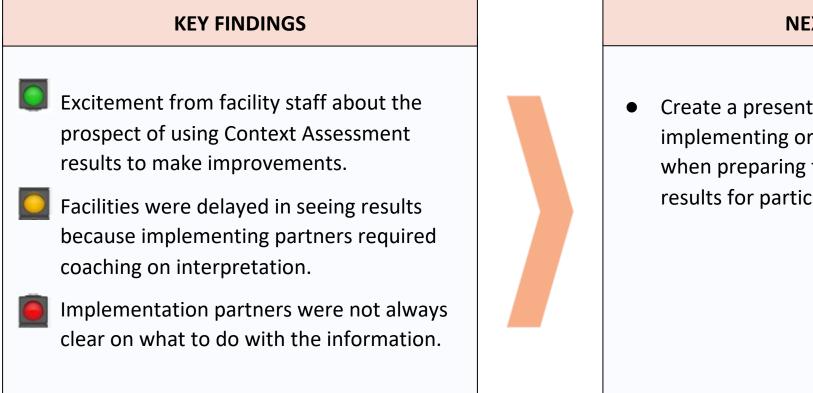
Feasibility





The Context Assessment Toolkit was evaluated for acceptability, feasibility, and perceived utility for the MOMENTUM suite.

Perceived Utility



NEXT STEPS

 Create a presentation template for implementing organizations to populate when preparing to share facility-level results for participants. The Context Assessment Toolkit aims to increase the rate of success of interventions that seek to improve practices in health facilities.

HIGH VALUE

Facilities and implementing partner participants saw value in the Context Assessment Toolkit because it would improve the quality of care provided and contribute to quality improvement more broadly.

CHALLENGES

- Length of time both to implement and complete the tools
- Scheduling difficulties with the facilities
- Application of results

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Recommendation: Revise the Context Assessment Toolkit based on feedback and engage in a process of continued adaptive learning that will refine and improve the toolkit for expanded use.

SECTION 02

Introduction to Context Assessment Toolkit

In This Section...

Background on why context matters when implementing a practice improvement

Introduction to the Context Assessment Toolkit

- What tools are included?
- When are they administered?

MKA Evaluation of the Toolkit



Problem: Many sites fail to integrate solutions into practice effectively and sustainably; standardized implementation approaches that work for some facilities often do not work for others.

Implementation of quality improvement (QI) initiatives is increasing in low- and middle-income countries (LMICs); however, the role of context is not usually adequately addressed.¹ Evidence indicates that **contextual factors** (e.g., leadership commitment, staff motivation, QI experience, etc.) **at a facility significantly impact the implementation** of and adherence to evidence-based practices in public health and healthcare.



Most facility readiness assessments fail to address these contextual factors adequately, leaving blind spots for implementation of a change to healthcare practice.

Source: (1) Olaniran AA, Oludipe M, Hill Z, et al. From theory to implementation: adaptations to a quality improvement initiative according to implementation context. Qual Health Res. Published online November 12, 2021:10497323211058700. doi:10.1177/10497323211058699

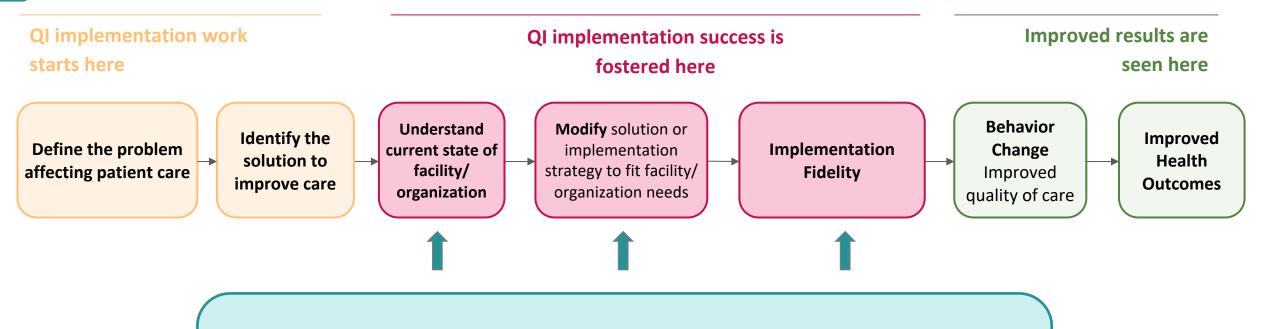
The Context Assessment Toolkit, developed by Ariadne Labs, is a structured approach to identify and help address facility-level factors that may influence the success of implementing a practice improvement.

Ability to Implement A) Toolkit nake uccessful t of the gy with a ttext. Clinical Team Functionality Commitment & Motivation

The information learned from the Context Assessment (CA) Toolkit is hypothesized to make implementation more successful by enabling alignment of the implementation strategy with a facility's unique context.

Context Assessment Domains

Where does the Context Assessment Toolkit fit into QI implementation?



The **Context Assessment Toolkit** allows implementers to systematically assess key drivers of successful QI implementation (e.g., leadership and staff commitment, team functionality, resource availability, and internal culture), tailor strategies to address facility needs, and monitor implementation progress and fidelity to increase the likelihood of successful behavior change and improved health outcomes.

The Context Assessment Toolkit has a suite of tools offered to a variety of respondents to obtain a complete picture of a site's strengths and weaknesses.

CONTEXT ASSESSMENT		WH	O COMPLET	ADMINISTRATION			
TOOL	PURPOSE		Leaders Healthcare Workers		Community	METHOD	
Pre-Implementation Survey	• Collects close-ended data to inform decisions about readiness to implement and the implementation strategy	x	x	x		Self-administered	
Conversation Guide	 Collects open-ended data to inform decisions about readiness to implement and the implementation strategy Accessible to facility staff of all literacy levels 	x	x		x	Facilitated by implementing partner	
Progress Survey	 Collects close-ended data to assess contextual factors that may jeopardize implementation success and inform modifications to the implementation strategy 	x	x	x		Self-administered	
Implementation Pulse Check	• Collects both close- and open-ended data for the implementation team to monitor progress and assess implementation risks			x		Self-administered	

The Context Assessment Toolkit consists of three surveys that can be completed online or on paper...

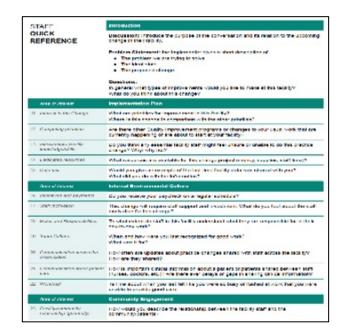
- Pre-implementation, progress,* and pulse check* surveys
- Mix of five-scale Likert questions (Agree, Somewhat Agree, Somewhat Disagree, Disagree, and Don't Know) and frequency questions
- Questions tailored to respondents' role in health facilities (i.e., Formal Leader, Front Line Staff, or Both)
- Results compiled into a separate, comprehensive report for each health facility

	ATLAS INITIATIVE PRE-IMPLEMENTATION SURVEY RES	SULTS ARIADNE LABS
Pre-Implementation Survey		
Your locity is working to improve early for motives through Hospital Mentoring. This work is referenced throughout the survey as "THIS IMPROVEMENT".	Respondents: 15 total* 13 healthcare workers and other staff 2 leaders	
This survey will help you gather information about things at your facility that might affect how easy it will be to do this improvement work. By completing this survey, you will help your facility	"All responses on any involves in the practice change. The tank way out equal	the cars of raise because raise aren't evolvely exclusion
understand what could make this work more successful	SITE CAPACITY	
Your individual responses will not be shared; they will be combined with the responses of		
where in your facility and these contained results will be shared with people supporting the work. (Share note: Although we see not collecting your network and responses with the combined, of there are a network state of scalars is your facility than it might be possible to hith your.)	Jun zu für Heijsteinen mit t	Sino rigent arriver
e mere are a very sinae nameer or readers in your racing treat it ingre de poissive to nin your naparata dack to you)	CONNETHENT & MOTIVICTION	•
	GUNICAL TEAM	
Your input matters! Please complete this survey so that your stews will be included. The survey takes approximately 15 minutes to complete.	FUNCTIONALITY	
Thank you for your participation.	INTERNAL CULTURE	•
INSTRUCTIONS.	ABILITY TO INFLEMENT	•
Pleases arower Please questions while thinking about your facility (the place where this improvement work will be done)	SITE ALIGNMENT	
Definitions.	These goaps show the agreement between the responses of loaders II a between the two shapes, the greater the agreement between respondent means only one mapped on type a movies that als of qualities.	
 Facility: Place where the improvement work will be done 	Analytic factory and the second	Serie register answer
 <u>Start</u>: Decision dimical and non-classed roles who will do something different in their day-to-day work as a result of this improvement. 	CONVERSION A VOTAGE	•=
 Leaders: People with formal leadership or management roles. 	CUN KAL TEAM	
 Instantation from. People who are part of the group who execute the improvement work by participating in activities such as: developing the implementation strategy. 	runctionauty	••
	INTERVAL CULT. IN:	• •
E 121 metror la constante en la servicia se a la constante de la constante en	48 LITY TO REFLEXENT	••

SURVEY

...and a conversation guide that can be used when surveys may not be indicated or additional detail is needed to complement survey data.

- Helps implementers systematically assess factors likely to impact QI efforts in facilities where verbal communication or discussion is preferred or surveys are not commonly used.
- Contains three parts: a quick reference guide (list of questions), a scoring sheet, and a summary page
- Key points discussed by facility leaders and staff are documented on the summary page and used to develop an action plan to help make the QI project successful



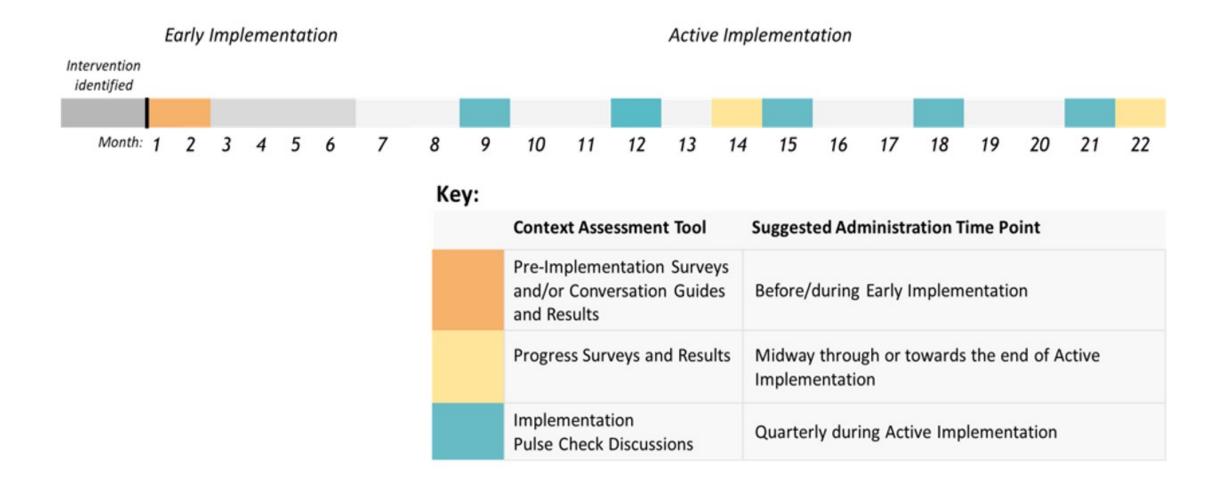
Quick Reference Guide

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Scoring Sheet

The Context Assessment is completed by leaders, healthcare workers, and implementation team members from the facility at various time points throughout implementation.



MKA partnered with a MOMENTUM award and others to pilot the toolkit in Indonesia and Ethiopia and evaluate its acceptability, feasibility, and perceived utility.

MOMENTUM Country and Global Leadership



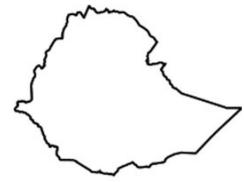
Country: Indonesia

Program Activity: Hospital mentoring; Facilitative supervision at health centers

Number of Sites: 10 (4 hospitals, 6 health centers)

Reason for Participating: Provide implementers with a systematized way to identify facility readiness and to summarize insights in a well-organized report

Lifebox Clean Cut Program



Country: Ethiopia

Program Activity: Adaptive intervention to improve adherence to essential infection prevention practices to minimize surgical site infections

Number of Sites: 10

Reason for Participating: By identifying the barriers and contextual factors at implementing hospitals, they can better support implementation and understand how context impacts the outcomes of the Clean Cut intervention

The Context Assessment Toolkit was evaluated using a mixed methods approach to assess acceptability, feasibility, and perceived utility.

Definitions

Acceptability	 Are facilities willing to do the assessment? Are assessments perceived as useful, appropriate, not too burdensome?
Feasibility	 Can the facilities complete the assessment tools (e.g., response rates, how long it takes to provide the data, are they able to answer the questions)? Can implementing organizations administer the assessment? What level of effort is required by respondents and the organizations in administering the assessment toolkit?
Utility	 Can implementing organizations use the results to inform implementation decisions? Do implementing organizations feel like the information generated by this toolkit made implementation at the facility more efficient and/or more successful? How are the results used by stakeholders internal and/or external to the facility? Do the tools ask about relevant aspects of context?

SECTION 03

Piloting the Context Assessment Toolkit in Indonesia & Ethiopia

In This Section...

Overview of the preparation for and use of the Context Assessment Toolkit in Indonesia and Ethiopia (detail in Annex 01)

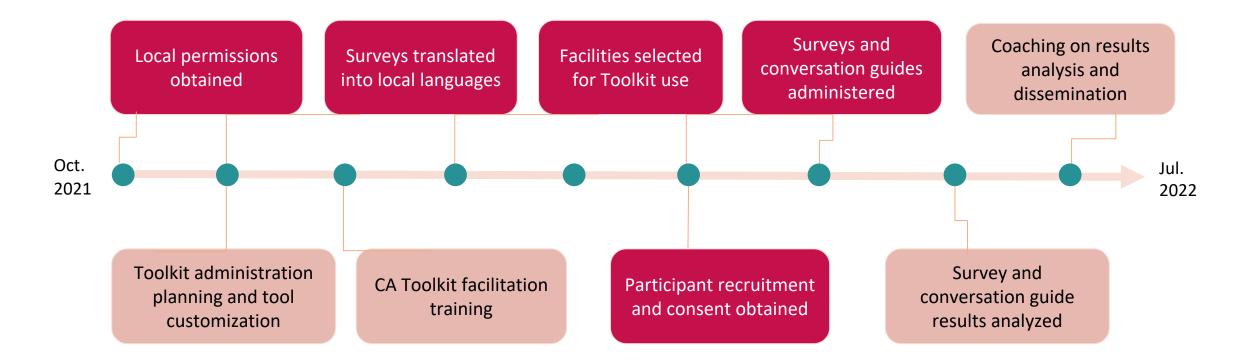
Number and demographic information for facility staff participants

Sample size for guided conversation participants

Overview of the contextual information learned from use of the toolkit

- Strengths and challenges identified
- Findings gained from cross-site analyses
- Key themes of action plans resulting from use of the conversation guide

Timeline for Administering the Context Assessment Toolkit





Data from the surveys and conversation guides were translated into areas of strengths, variabilities, and challenges.

PRE-IMPLEMENTATION SURVEY	CONVERSATION GUIDE
 Site-Level Reports. Program- and individual site-level reports were generated for all facilities that completed the pre-implementation survey (completed at health center and hospitals for the Indonesia team). Common patterns were identified and categorized as strengths, variability/misalignments, or challenges. Noticeable differences between health centers and hospitals were noted for the Indonesia team. 	 Scoring Sheet. Average scores were determined across four Indonesia sites, but the scoring component was not completed for Clean Cut. Scores were categorized into 1 - strengths, 2 - neutral, 3 - challenges, 4 - discrepancies.
Heat Map. Sites were compared to the program average to identify how individual sites deviated from the norm via a heat map.	 Key Theme Identification. Qualitative notes from the summary sheet were assessed to identify key themes (both partners) and to provide context for quantitative scores (Indonesia team). For the Clean Cut site that completed both the pre-implementation survey and conversation guide, results were reviewed together.

There were 233 completed pre-implementation Context Assessment surveys from the implementing partners in Ethiopia and Indonesia.

- A majority of facility participants identified as frontline facility staff across all programs.
- Over 80% of Clean Cut participants were male, while most Indonesia participants in both the health center and hospital programs were female (89% and 75%).
- Differences in male and female participants were likely driven by the program focus in Clean Cut vs MOMENTUM (surgical intervention vs MNCH-related supervision interventions).

	Program					
		MCGL Health				
		Center	MCGL Hospita			
		(Supportive	(Hospital			
	Clean Cut	Supervision)	Mentoring)			
Respondents (N=233)	91	85	57			
Sample characteristics ¹						
Role						
Both (FLS and Leader role)	11 (12.1%)	6 (7.1%)	3 (5.3%)			
Front line staff (FLS)	72 (79.1%)	68 (80.0%)	42 (73.7%)			
Leaders	7 (7.7%)	10 (11.8%)	12 (21.1%)			
QI	1 (1.1%)	1 (1.1%)	0 (0%)			
Gender			26° 88			
Female	16 (17.6%)	74 (87.1%)	43 (75.4%)			
Male	71 (78.0%)	9 (10.6%)	14 (24.6%)			
Prefer not to say	3 (3.3%)	1 (1.2%)	0 (0%)			
Missing	1 (1.1%)	1 (1.2%)	0 (0%)			

DEMOGRAPHICS OF FACILITY PARTICIPANTS

¹Variable distributions are reported as n (%).

The conversation guide was used with leaders and staff from all 10 MOMENTUM sites and one Clean Cut site.

- Implementing partners utilized this information to create an action plan to address deficiencies for 6/10 MOMENTUM sites and one Clean Cut site.
- Qualitative summary of the discussion provided for all sites that utilized the conversation guide.
- Only 4/10 MOMENTUM sites and none of the Clean Cut sites completed the quantitative scoring sheet.

NUMBER OF CONVERSATION PARTICIPANTS

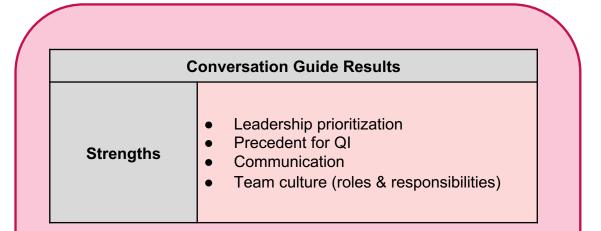
SITE	LEADERS	STAFF		
Health Center 1	3	8		
Health Center 2	0	10		
Health Center 3	3	14		
Health Center 4	4	10		
Health Center 5	3	9		
Health Center 6	5	Not Provided		
Hospital 1	4	10		
Hospital 2	3	9		
Hospital 3	4	7		
Hospital 4	4	8		
CC: Hospital 2	2	4		

Context Assessment tools revealed strong commitment to and interest in local improvement interventions...

<u>Pre-implementation survey</u> results indicated that facility leaders and staff from both programs are highly committed to their respective improvements...

Site	MOMENTUM	Clean Cut
Strengths	 Leadership commitment Aim/purpose of improvement Implementation team Teamwork & communication 	 Leadership commitment Aim/purpose of improvement Team culture (roles & responsibilities)

Facility staff from both sites agreed that if they were a patient at the facility, they would want this improvement made, indicating **broad buy-in to the aim and purpose** of this improvement. Additionally, both sites reported strengths in categories related to **teamwork**: facility staff at both sites know their roles and responsibilities, as well as who to talk to when they need something related to patient care. ...which was also reflected in the results from the <u>conversation guide</u>.

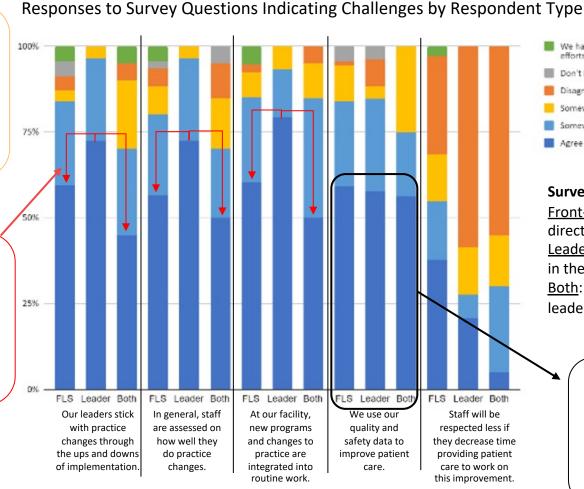


Overall results from the conversation guides identified similar strengths related to **teamwork and communication** as well as **leadership commitment and prioritization** of various improvement interventions, indicating that facility staff responded similarly to both tools.

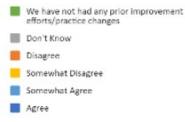
...but gaps in accountability, perceptions of QI work, data systems, and resources could hamper implementation success.

While survey results were <u>very positive</u> <u>overall</u>, a higher proportion of facility staff selected a negative or neutral response on questions related to accountability, data use, and respect associated with QI work.

> Compared to formal leaders, facility staff with a clinical role felt that there were lower levels of **accountability** for practice improvements.



Response



Survey Participant Type <u>Front-Line Staff (FLS)</u>: provides direct clinical care <u>Leader</u>: has a formal leadership role in the facility <u>Both</u>: has both a clinical and formal leadership role

> Just over half of all facility staff felt that **quality and safety data** were used in patient care. Similar levels of agreement were seen across all roles.

Survey Question

Cross-site analysis of MOMENTUM surveys revealed that resource availability and competing priorities were weaker in health centers than in hospitals.

Strengths: At least 80% of respondents "agreed".	- 1 *	Leadership commitment	Competing Priorities	Support for staff	Resource availability	Follow through	Respect for QI Work	Data collection, access, and	Support for impl team
Variabilities: Facility staff	Themes*							use	
answers were a mix of positive	Program Average								
and negative or there was	Site								
disagreement between leaders and staff.	Health Center 1								
	Health Center 2								
Challenges: A significant	Health Center 3								
proportion of facility staff answered negatively.	Health Center 4								
	Health Center 5								
Not Enough Data Available	Health Center 6)			
	Hospital 1								
	Hospital 2								
	Hospital 3								
	Hospital 4								

CROSS-SITE ANALYSIS OF MOMENTUM SURVEYS

*Themes defined in Annex 02

Cross-site analysis of Clean Cut surveys revealed that leaders were not confident they could prioritize the QI intervention. Additionally, they identified opportunities to improve data collection and use.

	Strengths: At least 80% of respondents "agreed".Variabilities: Facility staff answers were a mix of positive and negative or	Themes*	Clarity on purpose	Leadership commitment & promotion	Prioritization	Support for staff	Impl team	Teamwork & Culture	Follow through	Material Resources	Human resources	Data use	for QI	Seasonal factors and access to site
	there was disagreement	Program Average												
	between leaders and staff.	Site												
	Challenges: A significant	Hospital 1												
	proportion of facility staff answered negatively.	Hospital 2												
		Hospital 3												
	Not Enough Data Available	Hospital 4												
	kly identifying sites ning better than average,	Hospital 5 (no leaders responded)												
	ut could apply best	Hospital 6												
practices from these hospitals to help improve the data collection and use processes elsewhere.		Hospital 7 Hospital 8												
		Hospital 9												
	processes elsewhere.	Hospital 10												30

CROSS-SITE ANALYSIS OF CLEAN CUT SURVEYS

*Themes defined in Annex 02

Conversation guide <u>action plans</u> aligned with identified challenges but lacked the necessary detail to be actionable.

PROGRAM	COMMONLY IDENTIFIED ACTION STEPS
MOMENTUM	 Build accountability mechanisms (case review) Build out data systems Integrate simulation-based learning for clinical staff Identify and assign a clear leader for the improvement Form an implementation team to handle hospital mentoring Increase internal communication and information sharing among staff
Clean Cut	 Develop appropriate task division among staff Prevent staff turnover by developing good team culture to motivate the staff and keep up the good work Make necessary resources available for proper delivery of the service Make sure all the staff know their Job Description clearly Make sure the communication across the organization is well developed

- Action plans aligned with points of variability/misalignment and challenges identified in the conversation guide, suggesting that use of the tools helped facility staff identify these areas and then prioritize their action plans accordingly.
- Action plans included broad activities, but lacked sufficient detail related to specific tasks, timelines, people, and resources needed to operationalize these activities and hold actors accountable to them. Action plans could be improved by having sites develop SMART goals for each of the broad activities.

Improving Teamwork By Addressing Clinical Roles and Skills: After noting a deficiency in team culture from the conversation guides, MOMENTUM staff created action plans that mentioned increasing simulation-based practice and developing more clearly defined roles and responsibilities for midwives during maternal or neonatal emergencies. Conversations revealed that improved confidence in teamwork and communication could help strengthen the overall quality of clinical care.

Limitations to the Context Assessment Analyses

Pre-Implementation Survey Analysis

- Bivariate analyses performed on survey responses do not account for differences in other, possibly confounding, respondent characteristics.
- Differences in survey administration (online vs. paper/manual data entry) may have impacted the degree to which respondents felt they could be honest in answering questions.

Conversation Guide Analysis

- Guides were used inconsistently between facilitators (e.g., questions asked, quantitative scoring completed) in both countries, making it difficult to draw definitive conclusions. Differences in make-up of discussion groups (e.g., leaders and staff vs. staff only) may have impacted the types of responses provided by participants.
- Conversation guides were translated to Amharic 'on-the-spot' by facilitators in Ethiopia, which led to differences in how questions were asked between participants, potentially impacting the response received.

Note: MKA staff provided heavier analysis support than expected for results interpretation during the pilot, but the goal is to utilize a train-the-trainer model so implementing organizations can more independently manage this. SECTION 04 Evaluating the Context Assessment Toolkit in Low-Resource Settings



Overview of the <u>evaluation methods</u> used to determine acceptability, feasibility, and utility of the Context Assessment Toolkit (details in Annex 03)

Findings taken from quantitative surveys and interviews with Context Assessment participants, and focus group discussions and quantitative surveys from implementing partners

- Key themes that emerged
- Positive and negative impressions of the tools and process
- Select quotes

Methods for Evaluating the Context Assessment Toolkit

A **mixed-methods evaluation** was conducted to understand the acceptability, feasibility, and utility of using the CA Toolkit in low-resource settings.

(1) Qualitative Data Collection:

- Interviews with facility survey respondents and conversation participants focused on toolkit acceptability, feasibility, and utility (N=81).
 - <u>Analysis</u>: Interviews were deductively coded by local research partners from Ethiopia and Indonesia. A trained researcher from Ariadne Labs double coded 20% of the interviews for quality assurance. Data then underwent thematic analysis to identify recurring themes within the codes.
- Focus Group Discussions (FGDs) with MOMENTUM (N=5 participants) and Clean Cut (N=3 participants) implementing partners focused on the toolkit administration processes and support needed to conduct the CA activities.
 - <u>Analysis</u>: Comprehensive notes from the three FGDs (two with MOMENTUM, one with Clean Cut) underwent thematic analysis, with a focus on understanding acceptability, feasibility, and utility to identify important themes.

Methods for Evaluating the Context Assessment Toolkit

(2) Quantitative Data Collection:

- Quantitative analysis was done for all pre-implementation survey data (N=233) [see slides 40-43]
 - <u>Analysis</u>: Pearson's chi-square tests were performed on 46 survey items to assess relationships between respondent gender and role and response type. To assess for evidence of straightlining (i.e., providing the same response to all questions), the incidence of each response option was calculated for each respondent.
- Survey for implementing partners focusing on their experience using the CA Toolkit (N=7)
 - <u>Analysis</u>: Descriptive statistics were conducted on surveys from all seven respondents, with questions grouped according to acceptability, feasibility, and utility. *[see slides 37-42]*

Facility staff participants overwhelmingly viewed Context Assessment activities positively and expressed desire to continue these activities regularly.

- Tools are useful in understanding and improving the healthcare facility by addressing gaps and weaknesses
 - *"I think the activity is really good…for us to know more what were our flaws, what we needed to improve the facility."* (Facility Staff, Indonesia)
- Interest in participating in future CA activities and inviting a broader representation of clinical and non-clinical colleagues to help improve performance and quality of care
- Repeating assessments would allow for monitoring implementation progress and tracking facility improvement
 - *"If (MOMENTUM) come again, do conduct activities like this again, it could help us improve our service in the future."* (Facility Staff, Indonesia)



- 96% of facility leaders and staff would participate in the CA again
- Main value for participation:
 - Identify opportunities for improvement
 - Improve quality of care
 - Improve self/ professional skills

Facility staff preferred the guided discussion over the survey despite logistical challenges...

- Facility staff liked the ability to expand upon answers beyond what was possible in the survey
 - *"For me, myself, I felt more comfortable in the discussion because when we conveyed an opinion, it could be heard directly. While in the survey it was just statements with agree/disagree response."* (Facility Staff, Indonesia)
- Discussions facilitated group problem solving and raised group awareness of issues with the facilitator helpful for clarifications
- Discussion timing was difficult and conflicted with clinical responsibilities
 - *"Well, the discussion time disturbed my main activities. It was very disturbing."* (Facility Staff, Indonesia)

- The majority of leaders (86%) and staff (76%) preferred the discussion to the survey
- Main rationale for discussion preference
 - Two-way conversation
 - Facilitator allowed for more clarity
 - Can explain answers in more detail

...while implementing partner staff preferred the survey because of the ease of scheduling and administration.

- In Ethiopia, discussions were held in a one-on-one format and ulletwere time consuming and difficult for staff to administer because of internet connectivity issues and logistical challenges
 - "If we ask too much of the staff to do these types of interviews, they won't be happy because it takes too much time. They therefore might get pushback on the other parts of the program." (Clean Cut, Ethiopia)
- Groups that were too big did not allow everyone to participate • conversation
 - fully in the discussion and management staff may dominate the Training was sufficient, but additional time is needed for implementing partner staff to

ullet

- 3 out of 5 context • assessment administrators thought the amount of time spent conducting the discussions was too long
- Difficulties in translating questions from English to local language

Facility staff participants found the structure, language used, and length negatively impacted their understanding of the survey's purpose.

- Use of the Likert scale limited participants' perceived ability to accurately answer survey questions
 - "Sometimes your answer might be "neutral", i.e. you might say neither "agree" nor "disagree". However, there was no option "neutral". Moreover, there was no blank space given to explain my answer." (Leader, Ethiopia)
- The survey length made completing it challenging
 - *"To be frank, it was challenging to some extent to complete the survey while I was at work. The workload does not allow you to have a relaxed time but the survey requires focus."* (Staff, Ethiopia)
- The language used in the survey should be simplified and translated into the local language whenever possible
 - "You know English is my second language. I need time to understand the grammar and the meaning of statements. Hence, I cannot say that I properly understood the questions while completing the survey." (Leader, Ethiopia)

- The majority of participants (78%) between sites said the discussion was easy to understand.
- Main concerns participants highlighted with survey
 - Questions were difficult to understand
 - o Too long
 - Issues with the Likert scale
- 16 Front Line Staff and 1 Leader survey respondent demonstrated evidence of straightlining.

Socializing the Context Assessment tools with facility staff before administering them is critical to improve participation rates and relevance.

- Introduction to CA activities for facility staff occurred in person, over calls, and text messages from facility or department leaders
- Facility staff preference for an orientation to the CA as a whole and/or the different components
 - "Maybe when there will be an activity, first explain what the purpose of this activity is, especially since I'm new to this position so I know what the purpose of this activity is, what benefits are there, where is it focused." (Facility Leader, Indonesia)
- Socializing the general idea of QI is important to getting buy-in
 - "[There were] many delays in the intervention but hospital mentoring hadn't started yet so people may have been confused by term of QI because it hadn't started." (MOMENTUM Country & Global Leadership Partner, Indonesia)



- Main recommendations for improving the process
 - O Limit answer choices
 - Allow multiple survey formats
 - Provide an orientation on the CA process

The Context Assessment Toolkit was adapted to fit different needs for each implementing partner.

- Each implementing partner chose to use the CA Toolkit for different purposes
 - The Indonesia team initially intended to use CA to choose facilities to participate in hospital mentoring, but due to delays, ended up using it after facilities were chosen in order to improve implementation processes
 - Clean Cut thought it was useful to conduct the CA in order to contextualize and explain the results of their study
- Most implementing partners felt that results reflected reality at each facility and revealed few or no surprises

- All implementers thought the survey and conversation guide results were at least somewhat useful.
- All implementers thought the survey and discussion guide asked about things that at least somewhat matter for implementing a practice improvement.

UTILITY

Providing timely Context Assessment results in a simple and actionable way will help ensure these data are useful to facilities.

- Facility staff were excited about the prospect of using CA results to make improvements
 - *"I am interested, so we can know what are our flaws and also our strengths."* (Facility Staff, Indonesia)
- 35/46 survey items had no significant difference in response type between leaders and clinical staff



- Survey questions related to quality of teamwork, respect for QI work, knowledge of roles/responsibilities, and support for implementation teams and processes had statistically significant differences (p < 0.05) between leaders and clinical staff (details in Annex 04).
- Leaders tended to have a more positive perspective on these areas compared to those with a clinical role.
- Implementing partners desire strategies to address CA findings in order to reduce demotivation and improve performance

Limitations to the Evaluation Analyses

- Results were not shared back to individual facilities within the timeframe of the evaluation due to delays in program implementation and the need for more than anticipated guidance on data interpretation. This restricted our utility analyses to perceived rather than actual utility.
- Delays in program implementation and scheduling follow-up evaluation interviews had ripple effects that impacted the time between participating in the pre-implementation survey and/or conversation and completing the evaluation interview. This sometimes affected the level of detail facility staff could recall during the interview.
- Bivariate analyses performed on pre-implementation survey responses do not account for differences in other, possibly confounding, respondent characteristics.

SECTION 05

Key Recommendations and Next Steps

In this section...

Overview of the findings and associated key recommendations for improving the acceptability, feasibility, and utility of the Context Assessment Toolkit in low-resource settings

Proposed next steps for MKA and implementing organizations resulting from the key recommendations



There was generally positive perceptions of the value of the Context Assessment Toolkit.



"I think the activity is really good...for us to know more what were our flaws, what we needed to improve the facility. Maybe the problems are the infrastructure, supporting facilities, or from the capacity of the human resources...It was eye opening for us to know what this facility can do better." (Facility Staff, Indonesia)



Feedback from implementing partners

The CA provided evidence of leaders' and staff perspectives that reinforced the need to address certain issues and could be used to bolster support for these changes. (Finding from MOMENTUM Country & Global Leadership Indonesia)

Participants and implementing partners saw value in the toolkit but continued adaptive learning is warranted to refine the toolkit further.

FINDINGS	RECOMMENDATION FOR IMPLEMENTING ORGANIZATIONS
Facility staff felt that the CA tools would be useful in understanding and improving the healthcare facility by addressing gaps and weaknesses.	Implementing organizations should ensure that results are provided back to facilities in a timely manner and with suggestions for how to act on results.
There is interest and excitement among facility staff in the prospect of participating in future CA activities.	Implementing organizations should repeat CA activities (including progress and pulse check surveys) to allow monitoring for change over time.
Facility staff liked the guided discussions because it allowed them to expand beyond the answers allowed	Implementing organizations should utilize the conversation guide in place of or to complement the pre-implementation survey, especially in facilities that may not have previous experience with QI work.
in the survey and facilitated group problem solving.	Implementing organizations should consider offering separate discussions for leaders and staff to promote maximum transparency in responses.

Improving acceptability of the toolkit will require socializing the tools and QI concepts in advance and simplifying questions asked.

FINDING	RECOMMENDATION
Facility staff were unclear on the purpose of the CA Toolkit and unfamiliar with QI concepts at the start.	Implementing organizations should provide an orientation to facility staff on:
Facility staff suggested broadening the roles (e.g., non-clinical support staff; community health facilities referring to hospitals) of those invited to take part in CA activities would improve acceptability of the Toolkit and provide a more comprehensive understanding of strengths and challenges.	 The purpose and relevance of the CA QI concepts What to expect with CA (activities, findings, how it fits with the new practice improvement) Suggestions for the types of clinical and non-clinical roles that should be invited to participate
Questions on the pre-implementation survey were poorly understood. Some facility staff respondents	MKA will simplify the language and reduce length of questions and surveys to facilitate understanding.
noted that some of the conversation guide questions were also confusing, but felt it was not an issue since a facilitator was there to help clarify.	Implementing organizations should administer the survey in a meeting and make a person available to answer questions to facilitate understanding.

Improving feasibility of the toolkit requires flexibility in tool administration, shortening survey content, and additional training in results interpretation.

FINDING	RECOMMENDATION		
CA tools were delivered in a variety of ways due to factors such as internet availability, scheduling challenges, and privacy (e.g., online	Implementing organizations should provide the option of using an online survey vs paper survey.		
survey vs paper survey; group conversation vs 1-to-1 conversation) which affected acceptability.	Administration of the conversation guide to staff through individualized phone interviews is time-intensive and not recommended for implementing organizations.		
Mixed feedback on what combination of tools to use (e.g., survey +	MKA will enable sites to choose any combination of CA tools that work I for their setting (pre-implementation survey, conversation guide, or bot		
conversation guide vs only one tool).	It may be helpful to use the quantitative results from the pre-implementation survey to inform the conversation guide.		
Facility staff felt the pre-implementation survey took more time and effort to complete than anticipated due to the time it took them to understand the questions being asked.	MKA will look for opportunities to streamline survey and revise the length and wording of questions to improve understanding.		
Unclear how to use the results. Implementing partners required at least three coaching sessions and asynchronous support via email to interpret results for their facilities.	Increased investment in the train-the-trainer model for interpreting and operationalizing results could have spillover effects as organizations continue to implement improvement work.		

Improving utility of the toolkit requires timely provision of results

to facilities and additional support to translate results into action.

Finding	Recommendation
Facilities were delayed in seeing results. The kick-off of a practice improvement (such as Clean Cut or hospital mentoring) is a very busy	MKA will provide survey results in a simple, actionable way that could be easily shared with both implementers and facilities.
time for implementers and facility staff. Implementers did not see an immediate opportunity to share results with facilities.	During the planning phases for CA, implementing organizations should identify opportunities (e.g., already-planned meetings related to the practice improvement) when results would be shared.
Implementation partners were not always clear on what to do with the information. Action plans developed following use of the	MKA will provide additional examples and strategies of how implementers and facilities can use the results to adapt program implementation and fuel improvement.
conversation guide did not include enough information to be operationalized.	Implementing organizations should focus on the areas of disagreement (slide 43/Annex 04) between leaders and clinical staff when presenting and prioritizing action on results.
Perceived utility of the CA toolkit affects staff motivation to participate. Several implementers were concerned that in asking about topics (such as availability of resources), staff would expect them to provide for any need identified and would be demotivated to participate in the practice improvement if that did not happen.	Implementing organizations should communicate with facility staff what types of actions or changes might result from the CA.
The practice improvement supported by implementing partners both faced delays and/or changes in initial plans. As such, we were only able to get feedback from either partner in the initial months of a practice improvement implementation.	MKA will solicit additional feedback on utility after a facility completes an intervention or fully implements a practice improvement. We expect that additional perspectives on how the toolkit affected the overall success of a practice improvement at a facility would contribute to further recommendations on utility.

There are actions MKA and implementing organizations can take to continue refining the toolkit throughout MOMENTUM. (1/2)

RECOMMENDATION	NEXT STEPS FOR MKA	NEXT STEPS FOR IMPLEMENTING ORGANIZATIONS		
 Provide an orientation to participants on: The purpose and relevance of the CA QI concepts What to expect with CA (activities, findings, how it fits with the new practice improvement) Suggestions for the types of clinical and non-clinical roles that should be invited to participate 	Update toolkit administration guidance with suggested key talking points and timelines for providing an orientation to different audiences.	 Build time to provide an orientation to key stakeholders into the early stages of the work and well in advance of administering the toolkit. Use the administration guidance to generate tailored orientations to different audiences. Communicate with staff what types of actions or changes might result from the CA. 		
Simplify the language and reduce length of questions and surveys to facilitate understanding.	Simplify survey question language and update online and paper tools. Create a tool that explains rationale for each question to support tool translation and administrators' ability to answer questions.	Encourage facilities to administer the survey in a meeting and make a person available to answer questions to facilitate understanding.		
Look for opportunities to streamline survey and revise the length and wording of questions to improve understanding.	Provide definitions for each Likert scale answer choice so participants can better respond to questions.			

There are actions MKA and implementing organizations can take to continue refining the toolkit throughout MOMENTUM. (2/2)

RECOMMENDATION	NEXT STEPS FOR MKA	NEXT STEPS FOR IMPLEMENTING ORGANIZATIONS		
Solicit additional feedback on utility from implementers after a facility completes an intervention or fully implements a practice improvement. We expect that additional perspectives on how the toolkit affected the overall success of a practice improvement at a facility would contribute to recommendations on utility.	Develop a short, standardized feedback form; Utilize MAKLab to follow-up with implementing organizations that incorporate the CA Toolkit into the MOMENTUM work and collect feedback.	Continue to provide feedback on use of the CA Toolkit at different stages of implementation.		
Provide survey results in a simple, actionable way that could be easily shared with both implementers and facilities.	Develop resources to guide implementing organizations through reading and interpreting reports. Create a template for implementing organizations to populate when preparing to share facility-level results.	During the planning phases for CA, identify opportunities (e.g., already-planned meetings related to the practice improvement) when results would be shared.		
Provide additional examples and strategies of how implementers and facilities can use the results to adapt program implementation and fuel improvement.	Develop a set of troubleshooting documents to assist with developing more comprehensive action plans to address identified challenges.	Maintain an internal list of real-world examples that have been used to address similar challenges in partner settings to help facilities develop their own strategies.		

The Context Assessment Toolkit has the potential to positively impact implementation of MOMENTUM awards but requires commitment from implementing organizations.

- The CA Toolkit was generally acceptable and feasible, but had questionable utility as there were issues with interpreting results and translating findings into action.
- Revised versions of the surveys, conversation guides, and supporting resources will be available in October 2022 and MAKLab will continue to work on refining the toolkit with MOMENTUM awards.
- Implementing organizations must be prepared to allocate time and resources to socialize the toolkit in advance of administration, interpret results and create action plans, and share findings back with facilities in a timely manner to ensure the CA Toolkit provides maximum benefit.

Implementing partners interested in using the Context Assessment Toolkit should reach out to MAKLab at <u>MAKLab@prb.org</u> or by submitting a request on the <u>HUB</u>.

THANK YOU

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement #7200AA20CA00003. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.







USAID MOMENTUM

SECTION 06

Annexes

ANNEX 01

Administering the Context Assessment Surveys and Conversation Guides

Administering the Context Assessment Surveys

- Translation of the survey was conducted, where needed. Feedback and changes made to the tools were completed by all partners.
- Ariadne Labs completed trainings with the implementing partners administering the surveys.
- Implementing partners obtained local permissions/administrative approvals for the assessment.
- Implementing partners who were in the planning phases of rolling out a practice improvement (e.g., hospital mentoring) decided on where and when to use the Context Assessment toolkit (minimum of 10 facilities).
- Assessment was introduced to the facility by implementing partners.
- Facility participants (i.e., facility leaders, front line staff, and implementation team members) were informed that they may be invited to participate in research activities; verbal consent was taken.
- Implementing partners used either online or paper surveys or both, based on preference and feasibility. Strategies included:
 - Link to survey sent electronically via Whatsapp or email
 - Link to survey shared during a meeting
 - Paper surveys distributed during a meeting
- For those sites that used paper versions of the surveys, data were manually entered into the online version by a member of the research team.
- Assessment results were reviewed with Ariadne Labs team.
- Facility-level assessment reports or higher-level overview of results of assessments were planned to be shared with the facilities.
- Assessment results were used to inform implementation.
- Any changes made to implementation based on assessment results were documented.

Administering the Conversation Guides

- Implementing partners obtained local permissions/administrative approvals for the assessment.
- Multiple sessions (2-3) on administration planning and tool customization were conducted, including what sections of the guide to include, types of participants to recruit, and optimization of timing, etc.
- Ariadne Labs trained implementing partners on how to conduct the conversation guide.
 - One 1-hour session was conducted with each implementing partner; additional follow-up and questions were answered over email.
 - Each partner was encouraged to practice the conversation guide internally to familiarize themselves with the questions and identify any points of confusion.
 - A written tool guide and administration tips were provided to each partner.
- Implementing partners who were in the planning phases of rolling out a practice improvement (e.g., hospital mentoring) decided on where and when to use the Context Assessment Toolkit (minimum of 10 facilities).
- Facility participants (i.e., facility leaders and staff) were informed that they may be invited to participate in research activities; verbal consent was taken.
- Implementing partners chose how to use the conversation guide.
 - Group setting: some facilities separated leaders and staff, while others conducted it in a single group.
 - One-on-one phone interview with leaders and staff.
- Scoring and action planning were done by the implementing partners after all conversations at a facility were completed.
- Assessment results were jointly reviewed with implementing partners and the Ariadne Labs team.

ANNEX 02

Definition of Themes in Cross-Site Survey Analyses

Description of Themes Presented in Cross-Site Analyses

ТНЕМЕ	DESCRIPTION
Leadership Commitment/ Leadership Commitment and Promotion	The extent to which leadership has said they are committed to the improvement work and are willing to be actively engaged in the project.
Clarity on purpose	The level of understanding and agreement leaders and staff have on the purpose and rationale for taking on their improvement work.
Competing Priorities/ Prioritization	The extent to which leaders feel they can prioritize implementing the improvement work at this time.
Support for staff	Perspectives from leaders and staff on the time, training, and resources that will be provided to ensure staff successfully make the desired changes to patient care.
Resource availability/Material Resources/Human Resources	The extent to which leaders and staff feel the necessary material and human resources necessary for the improvement work will be available.
Follow through	How often previous improvement interventions become normal practice and if there are accountability processes in place for leaders and staff.
Respect for QI Work	Leader and staff perceptions on the differences in respect between those participating in QI work and those solely providing patient care.
Data collection, access, and use/Data use	The presence of data collection processes to monitor patient outcomes, the availability of this data to leaders and staff, and the extent to which this data is used to drive improvement work.
Support for impl team	The level of resources and dedicated time leaders feel they can offer the implementation team to introduce the improvement work.
Seasonal factors and access to site	The extent to which leaders and staff feel that seasonal-related changes will impact people's ability to get to the site.
Teamwork and Culture	How well do clinical teams work together to provide patient care and leader and staff perspectives on the quality of communication and collaboration within the site overall.

ANNEX 03

Qualitative and Quantitative Evaluation Methods

Evaluation Data Analysis Methods – Qualitative

• Interview Data:

- All interview transcripts underwent deductive coding based on research questions.
 - Initial codebook was developed by three members of the research team. Local research partners suggested additional codes to be added throughout the coding process.
- Three total coders involved (sub-contractors who conducted this part of the evaluation). A researcher trained in qualitative methods from the Ariadne Labs team provided training and double coded 10% percent of interviews from each site to ensure consistency. A threshold of 80% was used to determine that agreement in coding was reached. Any discrepancies in coding were documented in a table and discussed as a team to ensure alignment.
- Following coding, qualitative researchers from Ariadne Labs performed thematic analysis to identify key themes within acceptability, feasibility, and perceived utility of Context Assessment as a part of MOMENTUM initiatives.
- Pivot table were used to count themes/sub-themes.
- Each code was summarized into an analysis table.

Evaluation Data Analysis Methods – Qualitative

• FGD Data:

- All FGD data from MOMENTUM Country & Global Leadership and Clean Cut were organized by question.
- One trained researcher from Ariadne Labs reviewed all FGD data for high-level themes in responses.
- Excerpts from both implementing partners were grouped into these high-level themes.
- Themes/excerpts were then categorized into findings of acceptability, feasibility, and utility.

Evaluation Data Analysis Methods – Quantitative

• Analysis sample

Data from the MOMENTUM Hospital, MOMENTUM Health Centre, and Clean Cut pre-implementation surveys were
merged into a single analytic file, and all test responses, and partial (non-complete) responses were removed. A total of
233 responses from the three surveys were retained for the analysis.

• Assessing Variability in Response Patterns by Role, Gender Identity, and Program

- Respondents were assigned to one of three role categories based on their self-assessed role: front line staff, leaders, or both. Variables capturing respondents' gender identity and their specific implementation program (Clean Cut, MOMENTUM Health Centre, and MOMENTUM Hospital) were also retained for analysis.
- Pearson's chi-squared tests were completed for 35 survey items that asked about respondents' level of agreement with a statement, six items that asked about the frequency with which a given statement is true, and five binary yes/no items to assess the likelihood of statistical independence based on respondents' role, gender identity, and survey.

• Assessing Evidence of Straightlining

• Taking the set of 35 items that asked about respondents' level of agreement with a statement, the incidence of each response option was calculated for each respondent. The maximum incidence of a given response option for each respondent was computed and the distribution was assessed for high-levels of straightlining (incidences in the 0.8-1 range).

ANNEX 04

Survey Questions with Statistically Significant Differences in Responses

					SEASONAL FACTORS WILL MAKE IT HARDER TO DO THIS IMPROVEMENT WORK.			
	FLS	Leaders	Both	p-value	FLS	Leaders	Both	p-value
Agree	135 (75%)	28 (96.6%)	12 (60%)		0	14 (48.3%)	3 (15.8%)	
Somewhat Agree	33 (18%)	1 (3.4%)	6 (30%)		0	7 (24.1%)	8 (42.1%)	-0.02
Somewhat Disagree	2 (1.1%)	0	2 (10%)	-0.02	0	2 (6.9%)	6 (31.6%)	
Disagree	7 (3.9%)	0	0		0	6 (20.7%)	2 (10.5%)	
Don't Know	3 (1.7%)	0	0		0	0	0	
N/A	0	0	0		0	0	0	
TOTAL	180	29	20		0	29	19	

Survey Participant Type <u>Front-Line Staff (FLS)</u>: provide direct clinical care <u>Leader</u>: has a formal leadership role in the facility <u>Both</u>: has both a clinical and formal leadership role

	STAFF IN DIFFERENT ROLES WORK WELL TOGETHER HERE.				STAFF IN THE SAME ROLE WORK WELL TOGETHER HERE.			
	FLS	Leaders	Both	p-value	FLS	Leaders	Both	p-value
Agree	127 (71.3%)	23 (79.3%)	7 (36.8%)		136 (76.4%)	27 (93.1%)	11 (55%)	<0.01
Somewhat Agree	38 (21.3%)	5 (17.2%)	5 (26.3%)		35 (19.7%)	2 (6.9%)	5 (25%)	
Somewhat Disagree	9 (5.1%)	1 (3.4%)	4 (21.1%)	<0.01	3 (1.7%)	0	3 (15%)	
Disagree	2 (1.1%)	0	1 (5.3%)		2 (1.1%)	0	0	
Don't Know	2 (1.1%)	0	2 (10.5%)		2 (1.1%)	0	1 (5%)	
N/A	0	0	0		0	0	0	
TOTAL	178	29	19		178	29	20	

	PROVIDING PATIENT CARE TO WORK ON THIS				THE IMPLEMENTATION TEAM FOR THIS IMPROVEMENT WILL HAVE A PLAN FOR HOW TO IMPLEMENT THIS WORK.			
	FLS	Leaders	Both	p-value	FLS	Leaders	Both	p-value
Agree	66 (37.7%)	6 (20.7%)	1 (5%)		0	29 (100%)	14 (70%)	
Somewhat Agree	30 (17.1%)	2 (6.9%)	5 (25%)		0	0	3 (15%)	0.04
Somewhat Disagree	24 (13.7%)	4 (13.8%)	3 (15%)	0.02	0	0	1 (5%)	
Disagree	50 (28.6%)	17 (58.6%)	11 (55%)	0.02	0	0	1 (5%)	0.04
Don't Know	0	0	0		0	0	1 (5%)	
N/A	5 (2.9%)	0	0		0	0	0	
TOTAL	175	29	20		0	29	20	

	THE IMPLEMENTATION TEAM FOR THIS IMPROVEMENT WILL MEET AT REGULARLY SCHEDULED INTERVALS.				THERE ARE PEOPLE IN EACH OF THE DISCIPLINES INVOLVED IN THIS IMPROVEMENT WHO WILL PROMOTE THIS WORK.			
	FLS	Leaders	Both	p-value	FLS	Leaders	Both	p-value
Agree	0	26 (89.7%)	10 (50%)		135 (75%)	26 (89.7%)	10 (50%)	
Somewhat Agree	0	2 (6.9%)	5 (25%)		33 (18.3%)	3 (10.3%)	3 (15%)	<0.001
Somewhat Disagree	0	0	2 (10%)	0.03	4 (2.2%)	0	4 (20%)	
Disagree	0	0	1 (5%)	0.05	3 (1.7%)	0	3 (15%)	\0.001
Don't Know	0	1 (3.4%)	2 (10%)		5 (2.8%)	0	0	
N/A	0	0	0	-	0	0	0	
TOTAL	0	29	20		180	29	20	

	DEDICATED TIME TO IMPLEMENT THIS				WHEN I WORK WITH OTHER STAFF TO PROVIDE CARE TO A PATIENT, I KNOW MY ROLE AND RESPONSIBILITIES.			
	FLS	Leaders	Both	p-value	FLS	Leaders	Both	p-value
Agree	0	24 (82.8%)	10 (50%)		146 (96.1%)	15 (100%)	12 (75%)	
Somewhat Agree	0	4 (13.8%)	5 (25%)		3 (2%)	0	4 (25%)	<0.01
Somewhat Disagree	0	0	2 (10%)	0.03	1 (0.7%)	0	0	
Disagree	0	0	3 (15%)	0.05	1 (0.7%)	0	0	<0.01
Don't Know	0	1 (3.4%)	0		1 (0.7%)	0	0	
N/A	0	0	0		0	0	0	
TOTAL	0	29	20		152	15	16	

	A FUNCTIONING COMPUTER OR OTHER SIMILAR DEVICE IS AVAILABLE DURING HOURS OF OPERATION.			
	FLS	Leaders	Both	p-value
Always	77 (44.5%)	20 (69%)	11 (55%)	
Most of the Time	41 (23.7%)	3 (10.3%)	2 (10%)	
Occasionally	27 (15.6%)	5 (17.2%)	1 (5%)	0.04
Never	28 (16.2%)	1 (3.4%)	6 (30%)	
Don't Know	0	0	0	
TOTAL	173	29	20	