Introducing and Administering the Context Assessment Toolkit
Guidance for Implementing Organizations
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What is Context Assessment?
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 health care.

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

What do we mean by Quality Improvement?

- **Quality Improvement (QI)** is the use of several small changes in practice to improve the quality of health care services provided and patient health outcomes.
  - It is an ongoing process that involves the entire multidisciplinary care team.
- QI allows health facilities to prioritize their limited staff and resources to practices that provide the most benefit to patients.
What do we mean by Context?

- **Context** is the set of characteristics and circumstances that make a facility unique. Including:
  - the level of motivation from leaders and staff to make a practice change
  - the availability of resources to make a practice change
  - how well people in a facility work together to provide care

- In the Context Assessment Toolkit, these characteristics and circumstances are grouped into four areas (domains):
  - Commitment and Motivation
  - Clinical Team Functionality
  - Internal Culture
  - Ability to Implement
The Context Assessment Toolkit is a structured approach to identify and help address facility-level factors that may influence the success of implementing a practice change.

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

● When the WHO Safe Childbirth Checklist was introduced in 60 healthcare facilities in Uttar Pradesh, India, there was significant variation in the number of essential birth practices adopted by the sites. In this scenario, the tool and the implementation approach were constant but the context of the facilities into which they were introduced varied.

● There was not one explanation that accounted for these results. Instead, it was a variety of factors such as a lack of provider knowledge and skills, unclear communication between care team members, and difficulty finding relevant patient information that interacted with each other to create an environment that was less ready to successfully implement a practice change.

● Had these factors been known in advance, the implementation strategies could have been adapted to meet the specific needs of the different facilities and improved the number of essential birth practices adopted across the sites.
Where does Context Assessment 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.
## Context Assessment Domains

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>DEFINITION</th>
<th>SAMPLE ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment &amp; Motivation</td>
<td>Leadership commitment and staff motivation to work on the practice change.</td>
<td>● This improvement is one of our top priorities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Our leadership is committed to this improvement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● I will spend time promoting this improvement with staff at my facility.</td>
</tr>
<tr>
<td>Clinical Team Functionality</td>
<td>The quality of the interactions of clinical teams working together.</td>
<td>● When I work with other health care workers to provide care to a patient, everyone shares important information as it becomes available.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● When I work with other health care workers to provide care to a patient, I know my role and responsibilities.</td>
</tr>
</tbody>
</table>
## Context Assessment Domains

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>DEFINITION</th>
<th>SAMPLE ITEMS</th>
</tr>
</thead>
</table>
| **Ability to Implement** | Implementation expertise & resources.                                      | ● Electricity is always available when we need it.  
● Staff have the supplies, medicines and equipment they need to be able to do this improvement work.  
● I have been given an opportunity to participate in trainings for the practice change.  
● The implementation team for this improvement will have a plan for how to implement this work. |
| **Internal Culture** | The organizational culture of safety and beliefs about teamwork.            | ● I am comfortable asking for help at work.  
● There is no difference in the respect given to staff who spend time working on changes to improve patient care and those who only provide direct care.  
● I receive recognition or thanks for my work on this improvement (e.g., meals or snacks provided at team meetings, certificate of appreciation, recognition in front of other staff, other types of recognition). |
SECTION 02

The Context Assessment Toolkit
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.

<table>
<thead>
<tr>
<th>CONTEXT ASSESSMENT TOOL</th>
<th>PURPOSE</th>
<th>WHO COMPLETES THE TOOL</th>
<th>ADMINISTRATION METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-implementation Survey</td>
<td>● Collects data to inform decisions about readiness to implement and the implementation strategy</td>
<td>Leaders: X  Healthcare Workers: X  Impl Team: X  Community:</td>
<td>Self-administered by facility</td>
</tr>
<tr>
<td>Conversation guide</td>
<td>● Collects data to inform decisions about readiness to implement and the implementation strategy  ● Accessible to facility staff of all literacy levels</td>
<td>Leaders: X  Healthcare Workers: X  Impl Team: X  Community:</td>
<td>Facilitated by implementing partner</td>
</tr>
<tr>
<td>Progress Survey</td>
<td>● Collects data to assess contextual factors that may jeopardize implementation success and inform modifications to the implementation strategy</td>
<td>Leaders: X  Healthcare Workers: X  Impl Team: X  Community:</td>
<td>Self-administered by facility</td>
</tr>
<tr>
<td>Implementation Pulse Check</td>
<td>● Discussion for the implementation team to monitor progress and assess implementation risks</td>
<td>Leaders: X  Healthcare Workers: X  Impl Team: X  Community:</td>
<td>Self-administered by facility implementation team</td>
</tr>
</tbody>
</table>
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
...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 differences likely to impact QI efforts in facilities where surveys may not be feasible
- 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
The Context Assessment is completed by leaders, healthcare workers, and implementation team members from the facility at various time points throughout implementation.

### Key:

<table>
<thead>
<tr>
<th>Context Assessment Tool</th>
<th>Suggested Administration Time Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Implementation Surveys and/or Conversation Guides and Results</td>
<td>Before/during Early Implementation</td>
</tr>
<tr>
<td>Progress Surveys and Results</td>
<td>Midway through or towards the end of Active Implementation</td>
</tr>
<tr>
<td>Implementation Pulse Check Discussions</td>
<td>Quarterly during Active Implementation</td>
</tr>
</tbody>
</table>
SECTION 03
Introducing and Administering the Context Assessment Toolkit to Facilities
## Roles of MKA and Implementing Organizations

<table>
<thead>
<tr>
<th>MKA (via MAKLab) team will work with Implementing Organizations to:</th>
<th>Implementing Organizations will work with facilities to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Provide survey links</td>
<td>● Socialize and administer surveys</td>
</tr>
<tr>
<td>● Prepare for and support administration</td>
<td>● Facilitate context conversation guides</td>
</tr>
<tr>
<td>● Provide guidance on reviewing results and use of reports</td>
<td>● Review reports with facility leadership to better understand their results and use them to inform the implementation</td>
</tr>
</tbody>
</table>

### Implementing Organizations will work with MKA (via MAKLab) team to:

| ● Provide feedback on the Context Assessment Toolkit |
Getting Started: Introducing the Context Assessment Toolkit to Facilities

<table>
<thead>
<tr>
<th>1. Pick the right person to introduce the assessment to staff</th>
<th>● The person who introduces the assessment should have a relationship with the staff/leaders, and be respected and view favourably; <strong>and</strong> can follow up with respondents to encourage completion.</th>
</tr>
</thead>
</table>
| 2. Identify a time/place to introduce the assessment to staff | ● Make surveys part of the implementation plan for the improvement work  
 ● Use multiple communication channels to reach staff and leaders  
   ○ In-person staff meetings (recommended); 1:1 conversations; email  
   ○ Staff are more likely to receive information integrated into their normal routines for information sharing |
| 3. Explain the concept of QI and purpose of the Toolkit | ● Use/adapt earlier slides to introduce the concepts of QI and context to facilities  
 ● Surveys are an opportunity to let staff’s voices be heard anonymously  
 ● Conversation guides allow for group learning and problem solving  
 ● **These are NOT audit tools; results are not used to judge or blame**, but rather for improvement in collaboration with the facility |
| 4. Highlight value of the Toolkit | ● By participating, staff/leaders will provide important information to support the planning and management of the improvement work  
 ● Results will help the facility make the most of resources and staff/leaders’ time by improving efficiency and effectiveness of implementation  
 ● Changes in practice are more likely to be successful |
Survey Administration
Administering the Surveys: Process Overview

1. Request survey link(s) from MAKLab
   a. An online survey link is needed for both paper and electronic surveys
   b. Each facility will need their own survey link
2. Identify appropriate staff to take each survey
3. Introduce the surveys to facilities
4. Administer surveys
5. Send reminders to encourage survey completion
6. Request results from MAKLab
Who should take the surveys?

<table>
<thead>
<tr>
<th>Respondent type</th>
<th>Details</th>
<th>MINIMUM # of people to share with, per facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders</td>
<td>Formal leaders at the hospital or within the department who are <strong>directly involved in leading, influencing, or making decisions about the implementation of the practice change</strong></td>
<td>3-5</td>
</tr>
</tbody>
</table>
| Facility staff    | Clinical and non-clinical staff (e.g., schedulers, cleaners) from each of the roles/specialties/disciplines who are involved in or impacted by the practice change  
  ● Consider how to select individuals within the roles (e.g., years of experience, shifts, time at the facility, gender) | 10                                            |
| Implementation Team | All people who are members of the implementation team for this practice change | Full implementation team (if it exists)       |
Administering the Surveys: Timeline and Format

**Timeline:** The Pre-Implementation Survey should be used before or during early stages of implementation of your improvement work. The Progress Survey should be used at the midpoint or later stages of the implementation period. See slide 15 for reference.

**Format:** The surveys can be used on paper or in an electronic (online) format, depending on what resources your team has available and what the facility staff are most comfortable using.
## Two Options for Administering the Pre-Implementation and Progress Surveys

<table>
<thead>
<tr>
<th>When to Use</th>
<th>Process</th>
</tr>
</thead>
</table>
| **Option 1: Electronic Format** | Choose the electronic format if the majority of your facility implementation teams and staff are comfortable with electronic platforms and have ready access to electronic devices (computer, tablet, or smartphone) and internet connectivity. | ● Share the survey link provided by MKA with participants. You can share this link over email, WhatsApp, or other digital messaging platforms.  
● If you wish to use the electronic format but some facility staff on the team lack access to a device, you could manually administer the survey using a tablet or smartphone. To do so, use the survey link on your own or another team member’s device and pass it to participants one at a time. After a participant has completed the survey, refresh the page to prepare the survey for the next participant and to keep responses anonymous. |
| **Option 2: Paper Format** | Choose the paper format if the facility implementation team and staff have limited access to devices or internet access. | ● Print and share the paper survey form with participants.  
● Provide a secure way for participants to submit completed survey forms anonymously (e.g., a drop box or sealed envelope).  
● **Choose someone at your organization to enter the data into the online electronic survey form.** |
Tips to Encourage Survey Participation

• Set aside designated time for participants to complete the survey (e.g., during a staff meeting). This dedicated time will support higher completion rates; we strongly recommend taking this step. The survey should take no more than 10-15 minutes to complete.

• Offer both the paper and electronic versions of the survey and allow participants to choose which version to take. For paper surveys, provide a box or envelope where participants can anonymously drop off their surveys.

• If possible, set time for participants to complete the survey simultaneously. For example, allow groups of participants to complete the survey together in a room with a facilitator available to answer individual questions. If it is not possible, we recommend allowing participants one to two weeks (and no longer than one month) to complete the survey, so you can receive the results in a timely manner.

• Keep track of the number of people you shared the survey with, so you can compare that to the number of people who complete the survey.

• If possible, have a facility leader encourage staff to complete the survey, this suggests that the assessment is important to the leader which may motivate more staff to participate.
Conversation Guide Administration
Administering the Conversation Guides: Process Overview

1. Identify appropriate participants for each Conversation Guide
2. Introduce the Conversation Guide to facilities
3. Choose conversation format
4. Select appropriate times to hold conversations
5. Facilitate conversations
6. Score facilities
7. Complete summary sheets and develop action plans
Who should participate in the conversations?

<table>
<thead>
<tr>
<th>Conversation Guide</th>
<th>Details</th>
<th>MINIMUM # of people to Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders</td>
<td>Formal leaders at the hospital or within the department who are directly involved in leading, influencing, or making decisions about the implementation of the practice change</td>
<td>2 facility leaders 1 district leader (if applicable)</td>
</tr>
</tbody>
</table>
| Facility staff     | Clinical and non-clinical staff (e.g., schedulers, cleaners) from each of the roles/specialties/disciplines who are involved in or impacted by the practice change  
• Consider how to select individuals within the roles (e.g., years of experience, shifts, time at the facility, gender) | 3 |
| Community members  | Patients or community health workers who are familiar with and can share the community’s perspective on their relationship with the facility | 2 |

Tip: The same people can participate in the conversation and survey, but consider using the conversation as a way to be inclusive of people who may not have the time or be comfortable completing a survey.
Administering the Conversation Guides: Timeline

**Timeline:** Use the Context Conversation Guides before or during early stages of implementing your improvement work (ideally within the first two months of implementation). See slide 15 for reference.

- If you choose to use the Conversation Guides in addition to the Pre-Implementation surveys, we recommend using the surveys first and using the Conversation Guides to collect information on any outstanding questions.
Facilitators: Members of your team will be conversation facilitators. You will need to train your facilitators to use the guides and to score them. MKA can support you either by training facilitators directly or by training others on your team who can train them.

If possible, select facilitator(s) who have

- Program implementation experience.
- Experience interviewing/ facilitating conversations for data collection purposes.
- A good relationship with facility staff and leaders (i.e., a positive, trusting relationship; credibility with facility staff and leaders).
- A sense of curiosity, non-judgmental attitude, and good listening skills.
Two Options for Facilitating the Conversations

- Facilitators can use different combinations of conversation formats in a facility. For example, it may be easier to schedule one-on-one conversations with leaders, while staff nurses may feel more comfortable being in a conversation as a group.
- Plan to spend 30 minutes for 1:1 discussions and up to an hour for group discussions.
- Conversations with Leaders and Staff should be held separately to maximize the comfort of the participants.

<table>
<thead>
<tr>
<th>Conversation Format</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-on-one</td>
<td>Individual conversation with a single participant, virtual or in-person.</td>
</tr>
<tr>
<td>Small-group</td>
<td>Group conversation with two to four individuals in the same role.</td>
</tr>
</tbody>
</table>
Facilitating the Conversations

- Determine the best time to hold the conversations. *Facilitators should ensure that these conversations do not interfere with participants’ work.*
- Facilitators should try to discuss as many topics in the conversation guide as possible to get a complete picture of a facility.
- The conversation guide does not need to be read word-for-word. It is okay to improvise on question wording.
- The questions do not need to be asked in a specific order.  
  - It is okay if you have to skip a question, but note which questions you skipped.
- Take notes during or immediately after the conversations; conversations do NOT need to be recorded.

**Tips for Scheduling Conversations:**
- Schedule conversations at a specific time.
- Use existing meetings at the site.
- Have unscheduled conversations (i.e., carrying out the conversations whenever the participant has an opportunity in their day).
Scoring the Conversations

• Scoring is done by the facilitators after all conversations for a facility have been completed

• **Purpose of scoring:** Scoring provides a structured way to reflect on the conversation(s) and identify strengths and challenges

• **Directions:** Scoring should be **based on all of the conversations** at a facility conducted with the specified guide(s) (Leaders, Staff, Community).

• When choosing a score, select one of the following: 3-Strength or 2- Neutral or 1-Challenge.

<table>
<thead>
<tr>
<th>#</th>
<th>Area of Interest</th>
<th>3 Strength</th>
<th>2 Neutral</th>
<th>1 Challenge</th>
<th>Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Experience with improvement projects</td>
<td>Extensive experience 5+ years experience with many quality improvement (QI) projects or 5+ years work experience in QI.</td>
<td>Some experience 2+ years experience with a few QI projects or &lt;5 years work experience in QI.</td>
<td>No experience Never tried a QI project.</td>
<td></td>
</tr>
</tbody>
</table>
Scoring Areas of Participant Disagreement

• It is okay if participants disagree with each other.
• When scoring, reflect on all of the responses that you heard to a given question. Ask:
  • Is this a major strength? If so, tick 3.
  • Is this a major weakness? If so, tick 1.
• If you are not sure, mark the box that is less favorable for the facility.
• Wherever there are truly differing points of view between leaders, staff, or community members, mark the “discrepancy” box and describe the disagreement in the summary sheet.

<table>
<thead>
<tr>
<th>#</th>
<th>Area of Interest</th>
<th>3 Strength</th>
<th>2 Neutral</th>
<th>1 Challenge</th>
<th>Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Experience with improvement projects</td>
<td><img src="example" alt="Extensive experience" /></td>
<td><img src="example" alt="Some experience" /></td>
<td><img src="example" alt="No experience" /></td>
<td></td>
</tr>
</tbody>
</table>
Conversation Summary Sheet and Plan of Action

- Record key takeaways and conversation details on the Summary Sheet

Expanded description of strengths (what were they, what is important to note as we start this practice change):

Expanded description of challenges (what were they, what is important to note as we start this practice change):

Topics where leaders, staff and/or patients have different views:

Plan of action:
To improve the knowledge and skills needed to be successful, we will work with the facility to make sure all staff in the maternity ward are able to attend 2 supportive supervision training sessions within the first 3 months of implementation.

Plans of action to use strengths or address challenges should be recorded with enough detail to be actionable.
- We recommend creating specific SMART goals to help with this process. SMART goals are Specific, Measurable, Achievable, Relevant, and Time bound. An example appears in the Plan of action box above.
Implementation Pulse Checks
Administering the Implementation Pulse Check: Process Overview

1. Review the Implementation Pulse Check discussion agenda
2. Decide if Implementation team members would prefer to give feedback anonymously
   a. If yes, administer the OPTIONAL Implementation Pulse Check survey at least 1 week before the scheduled discussion
   b. Collect Pulse Check surveys in a sealed envelope, box, or other appropriate method to preserve confidentiality
   c. Implementation team leader reviews feedback to highlight areas that need to be discussed further
3. Implementation team leader facilitates Pulse Check discussion during scheduled meeting
Who should participate in the Pulse Check?

<table>
<thead>
<tr>
<th>Pulse Check Participants</th>
<th>Details</th>
<th>MINIMUM # of people to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Implementation Team Members</td>
<td>All team leaders and members who are responsible for carrying out the actions to implement the improvement work at the facility (e.g. training and coaching, monitoring progress to milestones, etc)</td>
<td>80% of the team should be available</td>
</tr>
</tbody>
</table>

- The Implementation Pulse Check is designed to be used by facility Implementation team members as a way to monitor processes and discuss current and emerging threats to project success.
Administering the Pulse Check: Timeline and Format

**Timeline:** The Pulse Check is intended to be a discussion held during an existing Implementation team meeting once per quarter (every 3 months), ideally when all or most of the team members are able to participate.

**Format:** A Pulse Check agenda has been created to help the Implementation team leader facilitate the discussion. In situations where Implementation team members may not feel comfortable speaking openly, an OPTIONAL 10-question paper survey can be administered to team members in advance of the meeting to collect feedback anonymously. This feedback can then be discussed in aggregate.
Tips for Facilitating the Pulse Check Discussion

• Provide opportunities for each team member to give their perspective on the questions and discuss areas where there seems to be disagreement, as these could be risks to the success of the work.

• Ensure that this discussion provides a safe and respectful environment for sharing opinions and co-developing solutions as a team.

• As a team, decide on goals and next steps to be completed before the next quarterly Pulse Check discussion.

• If the surveys were used and results discussed in aggregate:
  • Items with a greater number of “Agree” or “Somewhat Agree” responses are likely to represent things that are going well at the specified time point.
  • We recommend focusing on items with a larger number of “Disagree” and “Somewhat Disagree” responses when thinking about possible areas of risk or issues to address.
Context Assessment Toolkit Support Resources
## Resources to Translate Results into Action

<table>
<thead>
<tr>
<th>Resource</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context Assessment Toolkit Guide to Field Implementation</td>
<td>An overview of how to introduce, administer, and interpret all the tools in the Toolkit. <em>Part 3, Addressing Common Challenges, is a reference for how to address some of the most common areas for improvement identified at facilities.</em></td>
</tr>
<tr>
<td>Interpreting Your Context Assessment Survey Reports</td>
<td>More detailed information on how to read and interpret the Pre-Implementation and Progress survey reports.</td>
</tr>
<tr>
<td>Pre-Implementation and Progress Survey Results Feedback Template for Facilities</td>
<td>A presentation template to help Implementing Organizations share context assessment results back with facilities.</td>
</tr>
<tr>
<td>Pre-Implementation and Progress Survey Translation Tools</td>
<td>An explanation of the purpose of each survey question to help ensure accurate translations into local languages.</td>
</tr>
</tbody>
</table>
Next Steps

- Review all Context Assessment tools and support resources on the HUB.
- Reach out to MAKLab with any questions or to get started by emailing MAKLab@prb.org or submitting a request on the HUB.