Pre-Implementation Survey

Your facility is considering implementing a quality improvement project. This work is mentioned throughout the survey as “THIS IMPROVEMENT.” This survey collects information about facility that might affect how easy it will be to do this improvement work. By completing this survey, you will help your facility understand what could make this work more successful.

**Your individual responses will not be shared**; they will be combined with the responses of others in your facility, and these combined results will be shared with people supporting the work. *(Please note: Although we are not collecting your name and responses will be combined, if there are a very small number of staff at your facility then it might be possible to link your responses back to you.)*

Your input matters! Please complete this survey so that your views will be included. The survey takes approximately 15 minutes to complete.

Thank you for your participation!

# Definitions for Key Terms

**Implementation/Implementing:** The series of planned activities or tasks related to introducing a practice change.

**Improvement Work:** A planned and continuous effort that leads to measurable change in the way we work or provide patient care

**Practice Change:** A change to the way we normally work or how we normally care for patients.

**Promotion/Promoting:** Describing to others why the practice change matters to patient care or their work and encouraging others to actively participate.

**Facility:** Place where the improvement work will be done.

**Staff:** People in clinical and non-clinical roles who will do something different in their day-to-day work as a result of this improvement.

**Leaders:** People with formal leadership or management roles in the facility.

**Implementation Team:** People who are part of the group that carries out the improvement work activities such as: developing the implementation strategy, planning or leading trainings, providing ongoing support (e.g. coaching/ mentoring), measuring and using data about the implementation.

# Definitions for Likert Scale Response Options

**Agree:** You agree with this statement > 75% of the time.

**Somewhat Agree:** You agree with this statement 50% to 75% of the time.

**Somewhat Disagree:** You agree with this statement 25% to 50% of the time.

**Disagree:** You agree with this statement < 25% of the time.

**Don’t Know:** You do not have the information or experience necessary to answer this question.

### Instructions: Please enter the date and time before you start the survey.

Date (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 1

1. Select the role(s) that best describe you:

Doctor

Nurse

Midwife

Other clinical care provider (e.g. respiratory therapist, pharmacist, social worker, psychologist, nutritionist, other)

Non-clinical patient facing role (e.g. administrative, scheduling, housekeeping, etc.)

Quality improvement/ data specialist — if this is the **ONLY** role you selected, go directly to [Section 2](#_Section_2)

1. What is your gender?

Female

Male

Prefer not to say

1. Health facilities can experience many challenges when introducing changes to practice. Typically, what are the biggest challenges when your facility introduces a change? Select all that apply:

Resource constraints (staff, time, money)

Competing priorities

Commitment from leaders

Commitment from staff

Other (please specify):

None of the above

1. In your facility, who normally encourages making changes to improve patient care? Select all that apply:

Doctors

Nurses

Midwives

Facility leaders

National Ministry of Health officials

Sub-national Ministry of Health officials

People from other organizations/ external coaches

Other (please specify):

No one promotes projects to improve patient care

Don’t know

1. We have previously tried to make improvements in this area.

Yes

No

Don’t know

## The following statements are about THIS IMPROVEMENT WORK.

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I know what problem this improvement is trying to solve. |  |  |  |  |  |  |
| 1. I know the specific goal of this improvement. |  |  |  |  |  |  |
| 1. If I were a patient here, I would want this improvement to be made. |  |  |  |  |  |  |
| 1. Our leadership is committed to this improvement. |  |  |  |  |  |  |
| 1. There are people in each of the roles/disciplines involved in this improvement who will encourage making changes to patient care. |  |  |  |  |  |  |

## The following statements are about the place where this work is done IN GENERAL.

\*N/A: We have not had any prior improvement efforts/ practice changes.

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | \*N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. In past improvement efforts, there were people who actively encouraged others to participate in making practice changes. |  |  |  |  |  |  |
| 1. Our leaders continue to support changes to work throughout the challenges of implementation. |  |  |  |  |  |  |
| 1. In general, leaders are involved in and oversee changes to patient care. |  |  |  |  |  |  |
| 1. In general, staff are monitored to see if they are making the correct changes to patient care. |  |  |  |  |  |  |
| 1. 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 |  |  |  |  |  |  |
| 1. At our facility, new changes to patient care become the normal way staff work. |  |  |  |  |  |  |
| 1. I typically receive the help I need when we implement a change. |  |  |  |  |  |  |

## The following statements are about the place where this work is done IN GENERAL.

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Staff in the same role work well together here. |  |  |  |  |  |  |
| 1. Staff in the different roles work well together here. |  |  |  |  |  |  |
| 1. Our leaders are open to feedback. |  |  |  |  |  |  |
| 1. I am comfortable asking for help at work. |  |  |  |  |  |  |

1. When I have a concern at work, I go to:

My supervisor

A physician leader

A nurse leader

A colleague or friend inside my facility

A colleague or friend outside my facility

Other (please specify)

I don’t go to anyone

## The following statements are about the place where this work is done IN GENERAL.

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know |
| --- | --- | --- | --- | --- | --- |
| 1. Electricity is always available when we need it. |  |  |  |  |  |
| 1. Clean water is always available when we need it. |  |  |  |  |  |
| 1. Functioning phone service (can include mobile phones) is always available when we need it. |  |  |  |  |  |
| 1. A functioning computer or other similar device is always available when we need it. |  |  |  |  |  |

|  | Yes | No | Don’t Know |
| --- | --- | --- | --- |
| 1. We collect data to monitor how well we work. |  |  |  |

|  | Always | Most of the Time | Occasionally | Never | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I am able to view the data we collect to monitor how well we work. |  |  |  |  |  |  |
| 1. We use data to identify changes we need to make to patient care. |  |  |  |  |  |  |

# Section 2

1. Do you provide direct clinical care to patients?

Yes — continue the survey

No — go to [SECTION 3](#_Section_3)

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. When I work with other staff to provide care to a patient, I know my role and responsibilities. |  |  |  |  |  |  |
| 1. When I work with other staff, I know who to go to when I need something for patient care. |  |  |  |  |  |  |
| 1. When I work with other staff to provide care to a patient, everyone shares important information as it becomes available. |  |  |  |  |  |  |

# Section 3

1. Do you think this survey asks about things that could impact the success of a new program?

Yes

No

Don’t know

1. The time it took to complete this survey was:

Reasonable

Too long

### Instructions: Please enter the time that you completed this survey.

End time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you for completing this survey!