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CONTEXT ASSESSMENT TOOLKIT GUIDE TO IMPLEMENTATION

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PURPOSE AND AUDIENCE

This document provides high-level guidance for you, the staff at implementing organizations, to use the Context Assessment Toolkit as part of your MOMENTUM work. The toolkit includes four distinct tools: Pre-Implementation Survey; Progress Survey; Context Conversation Guides; and an Implementation Pulse Check. In addition to the instructions in this guide, MOMENTUM Knowledge Accelerator ("we") will provide direct technical and operational assistance to implement tools and interpret their results via MAKLab.

MAKLab, or the Measurement, Adaptive Learning, and Knowledge Management Lab, is a service arm for MOMENTUM offering tailored technical support that leverages MKA's expertise in measurement, adaptive learning, and knowledge management. MAKLab can support teams in implementing the Context Assessment Toolkit, and MAKLab services, including staff time and some additional costs, are available at no cost to MOMENTUM awards. Teams can learn more about MAKLab and submit requests for assistance on the HUB.

> The Context Assessment Toolkit has been used for a variety of different practice improvements. As an example, The Obstetric and Gynecological Society of Southern India and the Consortium of Accredited Healthcare Organizations used the toolkit during their joint pilot study integrating the use of the WHO's Safe Childbirth Checklist in nine secondary and tertiary hospitals. Their goal in using the toolkit was to be able to contextualize and explain the results of their rollout of the practice improvement.

Part 1 provides an overview of the full assessment toolkit, describes what the tools are and when to use them, and summarizes the process for using them. **Part 2** provides step-by-step instructions for each of the tools and how to interpret your results. **Part 3** provides guidance to help implementing partners and facilities address areas for opportunity revealed through the toolkit.

This document provides general guidance; there is room for adaptation to fit your country team's needs as they plan and implement their practice change in facilities.

PART 1: TOOLKIT OVERVIEW

The purpose of the Context Assessment Toolkit is to improve the success of practice changes in healthcare by helping you, the implementers, better understand the facilities you are working in and support you in translating toolkit results into action.

The Context Assessment Toolkit focuses **on aspects of the facility that can affect the implementation of a change in practice** rather than a facility's ability to provide care. The toolkit assesses a facility's **leadership commitment**, **staff motivation** and **teamwork**, **ability to implement, and internal culture**. Together, these domains make up the "context" in which a program or intervention is being implemented. Research tells us that context is a key factor in successfully making changes in practice in healthcare. This toolkit helps you better understand the context in the facilities you are working in, improving your program's likelihood of being successful.

> ### What is a change in practice in healthcare?
>
> - A change in the way you normally work or deliver care to patients.
> - Examples include:
>   - New ways of tracking immunizations
>   - Introducing a hospital mentorship program

The tools within this toolkit are used at different times during implementation by you as well as facility leaders, staff, facility implementation team members (designated facility staff who help to introduce and lead the practice change), and patients or other community members. You will receive actionable facility-level reports that identify contextual strengths and opportunities for improvement. These reports can be used to help you and the facilities work together to understand results and make proactive changes to the implementation plan for your program.

THE MKA CONTEXT ASSESSMENT TOOLS

The toolkit includes three surveys and a set of conversation guides to be administered at different points throughout the implementation of a change in practice:

1. **The pre-implementation survey** is self-administered and asks questions using a 5-point scale (don't know, strongly agree, agree, disagree, strongly disagree) to collect information from facility leaders and staff. It is used early in the implementation cycle to inform decisions about readiness to implement, the resources and supports needed to make a practice change successful, and the overall change strategy.

2. **The context conversation guides** are used early in implementation to have in-depth conversations with facility leaders, staff, and patients, community members or representatives. The guides are also useful for gathering information from facility staff who may feel more comfortable giving verbal feedback. The guides can be used either alone or in combination with the pre-implementation survey to increase your understanding of a facility's implementation context. Like the pre-implementation survey, the conversation guides generate information that helps to make decisions about readiness to implement, the resources and support needed to make a practice change successful, and the overall change strategy.

> ### The toolkit assesses the following domains in a facility
>
> - Leadership commitment.
> - Staff motivation.
> - Clinical team functionality.
> - Internal/facility culture.
> - Ability to implement the intervention/practice change.
> - Patient-centeredness.
> - Community support.

3. **The progress survey** is self-administered and asks questions using a 5-point scale to get information from facility leaders, staff, and the facility implementation team (if one exists). It is used approximately midway through or towards the end of the period when a change in practice is being introduced. Information from these conversations can inform decisions about what modifications are necessary to improve the adoption and sustainability of the new practice. Suggestions on how to address commonly identified challenges can be found in Part 3 of this guide.
4. **The implementation pulse check** is a self-administered tool for the facility's implementation team members to monitor progress and identify current or emerging risks that may impact the improvement work. The pulse check facilitates discussion among the implementation team by asking questions around a small number of topics that often cause challenges. It allows for early identification of potential problems so that they can be addressed as quickly as possible.

Table 1 provides an overview of the tools, when and with whom they are used, and the approximate time required to administer them.

TABLE 1. CONTEXT ASSESSMENT TOOLS: PURPOSES AND IMPLEMENTATION GUIDANCE

*: **L**=leaders, **F**=facility staff, **I**=implementation team, **C**=community

| Tool | Description and Purpose | When and How to Use | Data Sources* | | | | Estimated Time to Complete |
			L	F	I	C	
Pre-Implementation Survey	Asks questions on a 5-point scale to inform decisions about readiness to implement and the design of the implementation strategy.	Before/during early stages of activity implementation. Taken individually online or via paper copy.	X	X	X		10-15 minutes
Context Conversation Guides	Open-ended guides to inform decisions about readiness to implement and the implementation strategy.	Before/during early stages of activity implementation. Administered by implementing partner to participants at any literacy levels.	X	X		X	45-60 minutes
Progress Survey	Closed-ended questions to identify implementation risks and to inform changes to the implementation strategy.	Approximately midway through or towards the end of the implementation period. Taken individually online or via paper copy.	X	X	X		10-15 minutes

Implementation Pulse Check	Rapid survey to identify potential implementation risks.	Used quarterly during implementation period. Can be used individually or as a group discussion via paper copy.			X		Survey: 1-2 minutes Discussion: 30 minutes

Figure 1 describes when to administer the different tools and who uses the results. Note that each box under the "Active Implementation" period represents one month.

FIGURE 1. OVERVIEW OF TOOLKIT ADMINISTRATION TIMELINE
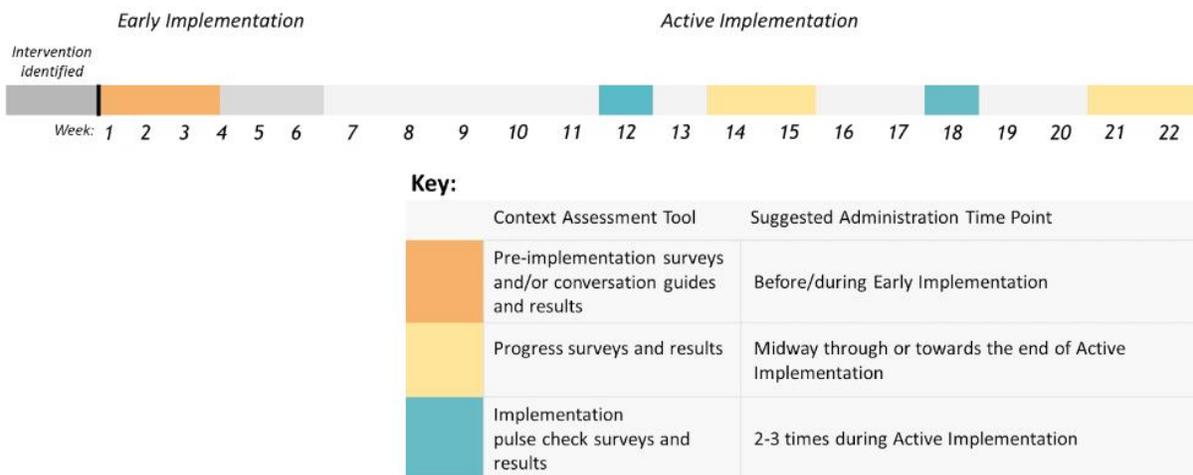
PREPARING TO USE THE ASSESSMENT TOOLKIT

The MKA Context Assessment Toolkit is meant to be easy and efficient to use. As with any assessment, there are several steps involved (see **Table 2**).

TABLE 2. STEPS IN PREPARING TO USE THE TOOLKIT

Preparation Step	Purpose	Available Resources & Support
Translate tools	The Context Assessment tools are currently available in English and Bahasa (Indonesia). We recommend using tools in the language most appropriate for the local context.	Tools can be translated by the implementing organization or by a consultant. The tools will be available in more languages over time as they are used in different settings. Translation guides that explain the purpose of the questions in each tool to support accurate translations can be found on the HUB.
Adapt assessment process	Assessments work best when they fit within the local context and intervention plans. Consider pilot testing the translated tools before implementing the assessment more broadly.	Determine how to use the toolkit within the planned implementation activities, and work with MKA, via MAKLab, to adapt the process to the local context.
Train users	The toolkit is designed to be easy to use, but there are some important nuances that should be reviewed as a group so that surveys and conversation guides can be properly analyzed.	MKA, via MAKLab, will provide training on how to administer the toolkit, using a train-the-trainer model, to a core group of staff from implementing organizations.
Identify assessment participants	People with both clinical and non-clinical support roles in the changes being implemented should participate in the assessment to make sure as many different perspectives as possible are included.	MAKLab can work with you to determine which people at the facility and how many people per role should participate.
Introduce the assessment to facilities	It is essential that facility staff and leaders, and community members understand the reasons for doing the assessment and that results are to be used to improve the facility and quality of care – not to judge or blame. You are responsible for introducing the assessment to the facilities.	MKA has resources available to support these activities on the HUB.
Share surveys, collect data, and review reports	The pre-implementation and progress surveys are available on paper and online (electronically). If using paper surveys, your staff will be responsible for distributing and collecting the paper surveys at facilities and entering the responses into an online survey platform. If using electronic surveys, your staff will share survey links with participants (e.g., by email or WhatsApp).	In either case, MKA will provide facility-level reports of the survey results to you and has developed resources to support interpreting and using the survey results, available on the HUB. MAKLab is also available to provide additional guidance.
Lead and score conversations	Staff from your implementing organization lead the conversations about the facility's context. After conversations at a facility, the staff who led the conversations score the facility, identify areas of	MAKLab can assist you with scoring, identifying key findings, and using the results.

Preparation Step	Purpose	Available Resources & Support
	strengths and opportunities for improvement, and note issues on which people in different roles disagreed.	
Discuss results with facilities and co-create changes to the implementation plan	Your teams will work with the facilities to discuss assessment results and next steps. Facility leaders and staff are the experts in their context and should participate in discussions about their facility's assessment results and how to adapt the implementation, if needed.	MKA has a series of resources to help you engage with facilities to interpret and act on their results available on the HUB. MAKLab is also available to provide additional guidance.

PART 2: USING THE TOOLKIT

INTRODUCING THE TOOLKIT

In this section, we have outlined a set of activities to help you introduce the toolkit and encourage buy-in among facility staff for higher participation rates. We have also created more detailed guidance and tools to help you introduce the Context Assessment Toolkit and quality improvement (QI) concepts to your facilities, which can be found on the HUB. You may wish to adapt these activities to fit your specific implementation plans, the structure and functions of your team, and the context in which you are working. Make the Context Assessment Toolkit part of your planned change in practice by introducing it while preparing for implementation.

A. USE MULTIPLE COMMUNICATION CHANNELS

- Different staff may use different methods to communicate and access information (e.g., email, ward/departmental meetings), so introducing the toolkit using multiple communication methods will reach the most people.
- Use existing channels to share information rather than creating new ones as staff will be more likely to view information that is integrated into their normal routines.
- Emphasize the importance of the toolkit to staff by conveying the message more than once and via various sources.

Example: You can use existing in-person meetings (e.g., staff meetings) and other touchpoints to introduce the toolkit. An in-person introduction provides an opportunity for staff to ask questions or share concerns. By using existing meetings, you avoid scheduling a separate one and reduce the time burden on staff. After introducing the toolkit in person, you can share information by email or WhatsApp; this allows you to reach people who may not have attended the meeting while reinforcing messages for those who were present.

B. EXPLAIN THE CONCEPT OF QUALITY IMPROVEMENT AND THE PURPOSE OF THE TOOLKIT

- 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 builds on previous improvement work and involves the entire multi-disciplinary care team.
- QI allows health facilities to prioritize their limited staff and resources to practices that provide the most benefit to patients.
- A facility's context is a set of characteristics and circumstances such as resource availability, commitment and motivation, and teamwork and culture that have been shown to impact the success of QI work. In the Context Assessment Toolkit, these characteristics and circumstances have been grouped into four domains: Commitment and Motivation, Clinical Team Functionality, Internal Culture, and Ability to Implement.
- The Context Assessment Toolkit is meant to capture specific insights about the facility-level contextual factors that could affect the implementation of a change in practice. These insights can help with planning and managing the change.
- All tools provide an opportunity for staff to share their thoughts on current facility practices, level of teamwork, and work environment. The information emerging from the toolkit must not be used to judge or blame facilities or individual staff for challenges existing in their context but instead informs

how to approach introducing improvements and learning. It would be best if you worked collaboratively with facilities to turn assessment results into action.

C. HIGHLIGHT THE VALUE OF THE TOOLKIT

- The toolkit allows facility staff to provide important information that supports the planning and managing of QI work.
- The information generated by the toolkit will help the facility staff and management make the most of resources and time and adapt the approach to introducing the change based on their context.
- Adaptations made based on the information gained from the toolkit should make the change in practice more likely to be successful. As a result, the time and energy facility staff will spend would be more likely to pay off.

The Value of Understanding Context

When the WHO Safe Childbirth Checklist was introduced in 60 healthcare facilities in Uttar Pradesh, India using a highly standardized implementation strategy, 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 into which they were introduced varied. When the BetterBirth data was examined further, there was not one explanation that accounted for the results. Instead, it was discovered that 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 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.

TIPS FOR USING THE CONTEXT ASSESSMENT TOOLS

A. THE PRE-IMPLEMENTATION AND PROGRESS SURVEYS

1. With Whom Do You Use the Surveys?

The more participants you engage, the better you will understand the facilities where you will be working. Consider including the following categories of participants in the surveys.

- Facility staff: Administer the surveys to healthcare workers and other staff (e.g., schedulers, cleaners) who are or will be involved in the change in practice.
  - Aim to have each survey completed by at least 10 staff members who will be involved in or impacted by the change in practice. If the facility has fewer than 10 staff involved, share the surveys with all staff.
  - Capture different perspectives about the facility and the change in practice. Share the surveys with people in different roles, working different shifts, and at various levels of motivation to adopt the change. Include staff from each of the disciplines or specialties participating in the change.
- Facility implementation team members: Administer the surveys to all people at the facility who are members of the implementation team (if there is one) for this change in practice. Note that the team may be a single person. If the facility implementation team is formed after the pre-implementation survey would be used, then team members will only respond to the progress survey.
- Facility leaders: Administer the surveys to people in leadership roles at the facility. These leaders can be either formally appointed leaders or informal leaders and should be either leading or making decisions about implementing this change in practice.
  - If possible, include leaders from different levels in the organization (e.g., unit, department/clinic, and senior or executive level management).
  - The more participants you engage, the better you will understand the facilities where you will be working. Aim to share the surveys with as many leaders as possible. At least three to five leaders should complete each survey; if the facility has fewer than three leaders, share the surveys with all the leaders.

2. How Do You Administer the Surveys?

Here we present a high-level overview of the suggested administration processes for the surveys. More detailed guidance and resources are available on the HUB.

Timeline: The pre-implementation survey should be used before or during early stages of implementation of your MOMENTUM work. The progress survey should be used at the midpoint or later stages of the implementation period. See Table 1 and Figure 1 for reference.

Survey 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. See Table 3 for administration options.

TABLE 3. TWO OPTIONS FOR ADMINISTERING THE PRE-IMPLEMENTATION AND PROGRESS SURVEYS

	When to Use	Process
Option 1: electronic format	Choose the electronic format if most 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.

Suggestions to Encourage 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 therefore 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.
- Provide reminders to do the survey. You can do this during a meeting or send a message to everyone (see above on Using Multiple Communication Channels). Make it clear that if someone has already completed the survey round, they should not complete it a second time.
- 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.

3. How Do You Review the Survey Results?
- In order to receive a results report, someone on the team will need to make sure that data are uploaded electronically to the link provided by MKA.
  - If you have used the electronic administration option, you only need to confirm that there are data in the system. MAKLab can provide a total number of survey responses that have been received.

- If you have used a paper administration option, someone from your team will need to enter data from the paper forms into the online system, which you can access via a unique web link that will be provided by MKA.
- MAKLab will generate a report that summarizes each facility's results.
- Each facility will have a separate report. MKA will share the facilities' reports with the point person for your organization over email.

The pre-implementation survey report and the progress survey report look very similar to one another. Each summary report is divided into several sections.

Survey Summary Page:

The Survey Summary page provides information about the facility's context for each of the domains it explores (see **Figure 2**).
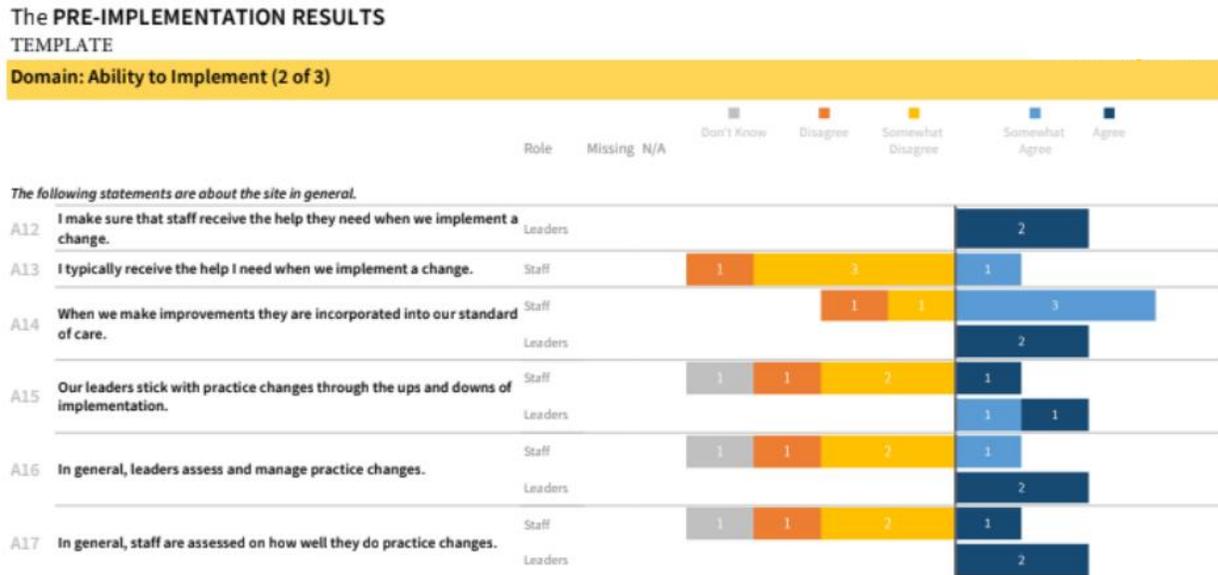
FIGURE 2. EXAMPLE OF A PRE-IMPLEMENTATION/PROGRESS SURVEY SUMMARY PAGE
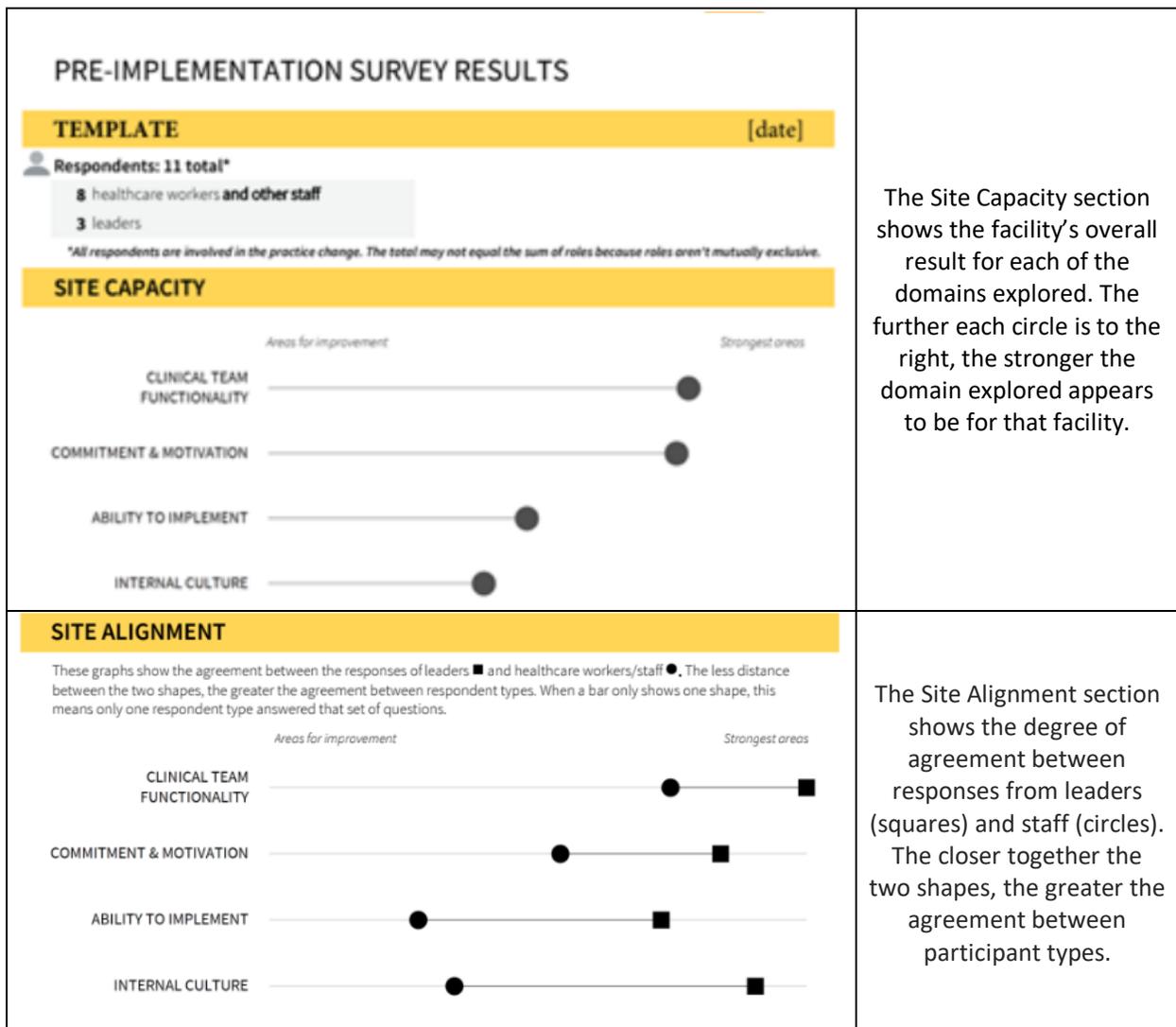
Domain-Level Detail Pages:

The report pages are divided by domains and show responses for each of the questions for that domain; each domain is on a separate page (see **Figure 3**).

FIGURE 3. EXAMPLE OF PRE-IMPLEMENTATION/PROGRESS SURVEY DOMAIN-LEVEL RESULTS PAGES

- Some items are answered by both leaders and staff; other items are answered by only one participant type. The second column ("Role") identifies what type(s) of participant answered each item.
- The stacked bar charts show the distribution of responses for each item.
  - "Agree" and "Somewhat Agree" responses are located to the right of the midline and are shaded blue.
  - "Disagree," "Somewhat Disagree," and "Don't Know" responses are located to the left of the midline.
  - Response options for the Clinical Team Functionality domain range from "Always" to "Never," rather than "Agree" to "Disagree." The legend for the charts on this domain's page provides more information.
- The "Missing" column shows the number of survey respondents who did not provide a response to a question.
- The "N/A" column shows the number of survey respondents who answered "Not Applicable" to a question.

4. How Do You Interpret the Results?

Here, we present a high-level overview of how to interpret the results on the pre-implementation and progress surveys. MKA has more detailed guidance and resources to support report interpretation available on the HUB.

Once the first facility completes the pre-implementation survey, the MAKLab team can also organize a call to help interpret the results, discuss how to share findings back with facilities, and discuss how to co-develop a

plan with facility leadership to act on the results. A similar call can be held with the MAKLab team once the first facility completes the progress survey as well.

Interpreting the Data:
- Begin by looking at the relative strength of each domain in the Site Capacity section and compare them to one another. This will help you identify which domains are strengths that can be leveraged and the domains where there might be the most areas for opportunity at the facility.
- Within each domain, questions with a greater number of "Agree" or "Somewhat Agree" responses are likely to represent relative strengths of the facility.
- Within each domain, questions with a greater number of "Somewhat Disagree," "Disagree," or "Don't Know" responses are likely to represent areas for improvement at the facility. We recommend focusing on these items when thinking about possible areas of risk or issues to address.
- Keep in mind how many "missing" and "N/A" responses occur for each item. You will want to consider why people skipped certain items or considered them "not applicable."
- Consider the following when determining how to make the survey results actionable for facilities:
  1. What are the main strengths and areas for improvement highlighted in the assessment?
  1. Why do you think the facility has these strengths and areas for improvement?
     2. What other information do you need to understand the strengths and areas for improvement? Consider how to obtain this information (e.g., you may need to conduct some additional conversations with site staff or to review existing data).
  2. What things about your program or change in practice can be modified to better fit with the facility strengths and areas for improvement? In other words, how can you modify the change in practice to meet the facility where it is?
     a. For example: Can you adapt your curriculum, schedule, or timing in a way that would better suit the facility?
  3. As you develop or modify your implementation plan, how can you use the facility's areas of strength? How can you address or work around areas for improvement?

Note

The findings from the pre-implementation and progress surveys are a "signal" of the facility's context; they are not intended to describe the facility's strengths and challenges definitively or comprehensively. **The results should supplement your knowledge of the facility and guide further discussions to inform your decisions** about the implementation strategy and rollout.

5. How Should You Share Results with the Facility?

We recommend reviewing the surveys' findings with facility leaders and the facility's implementation team as soon as possible, preferably when you are still in the early stages of implementing the change in the facility. We have a presentation template to help guide your discussion with facility leaders and staff available on the HUB. Together you can prioritize areas for improvement and co-create strategies to ensure a successful change in practice. We believe it is better to share the results in-person to engage the implementation team in discussing the results but recognize that this is not always possible. If an in-person discussion is not possible, we recommend trying to hold a virtual meeting through a platform such as Zoom or Skype. Structure these discussions to cover 1) areas of strength and ways to use those strengths and 2) areas for improvement and ways to address them or modify the planned implementation. Some suggestions include:

- Keep the overall outcome or goal of the practice change in mind.
- Discuss items that have more responses on the left side of the vertical line (i.e., "Somewhat Disagree," "Disagree," or "Don't Know"). Explore why these may be weak areas and what can be done to account for them in the implementation.
- Discuss areas where staff and leaders had differing opinions (from the Site Alignment section and the domain-specific items) and try to identify why this difference exists and how it may impact the successful introduction of the change in practice.
- Use the domains and questions that appear to be potential areas for improvement (items with a greater number of "Somewhat Disagree" or "Disagree" responses) to identify where extra support may be needed during implementation.

> When working with a small facility where it **may be possible to identify individual responses, we recommend only sharing the themes related to facility strengths and areas for improvement** and not sharing the results of individual questions with the facility.

B. THE CONTEXT CONVERSATION GUIDES

1. With Whom Do You Use the Context Conversation Guides?

There are three sets of questions within the context conversation guide: one for facility leaders, one for facility frontline staff, and one for community members and patients.

- Facility leaders: Use the leader conversation guide with at least **two** facility leaders (formally appointed leaders or informal leaders; **importantly, the facility leaders should be directly involved in leading, influencing, or making decisions about implementing this change in practice**), and with at least **one** district leader, if applicable.
    - o In facilities with very small staff numbers (e.g., village/community health centers with fewer than ten staff), aim to use the guide with every leader.
- Facility staff: Use the facility frontline staff conversation guide with at least **three** healthcare workers and other staff (e.g., schedulers, cleaners) who will be carrying out the change in practice.
    - o In facilities where there is a small number of staff members (e.g., village/community health centers), aim to use the guide with every staff member.
    - o Capture the different perspectives about the facility and the change in practice. Include people in different roles and shifts and with different levels of motivation to do the change in practice in the conversations. Include staff from each of the disciplines/specialties participating in the change in practice.
    - o We recommend holding conversations with groups of staff members rather than one-to-one discussions with a facilitator as it is much less time intensive and allows staff to learn from and build off the responses of others.
- Community members/patients: Use the community member/patient conversation guide with at least **two** patients or community health workers who can share the perspective of the community's relationship to the facility and the practice change.
- If you are using the conversation guides along with the pre-implementation survey, you could use the guides with participants who are unable to complete the survey so that their perspectives are included in the Context Assessment.

2. How Do You Administer the Context Conversation Guides?

Timeline:

Use the context conversation guides before or during early stages of implementing your MOMENTUM work (ideally within the first two months of implementation). See **Table 1** and **Figure 1** for more information. 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.

Selecting Facilitators:

Use the guides to lead conversations at the facilities. The members of your team are the 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.

Planning Conversations:

1. Pick participants for conversations:

For each participant type (leaders, frontline facility staff, community members), the facilitators will determine which participants should be selected for a conversation. The conversations can be set up in one of two ways (see **Table 4**).

TABLE 4. TWO CONTEXT CONVERSATION FORMATS

Conversation Format	Description
Small group	Group conversation with two to four individuals in the same role.
One-to-one	Individual conversation with a single participant, virtual or in-person. (*Not recommended because of the time commitment required for interviewing many respondents.)

NOTE: Facilitators can use different combinations of conversation formats in a facility. For example, it may be easier to schedule one-to-one conversations with leaders, while staff nurses may feel more comfortable being in a conversation as a group.

2. Select a time for conversations:

Facilitators should determine the best time(s) to hold the conversations at each facility. Options might include:

- Scheduling conversations at a specific time.
- Using existing meetings at the site.
- Having unscheduled conversations (i.e., carrying out the conversations whenever the opportunity arises). Facilitators should ensure that these conversations do not interfere with participants' work.

Facilitating Conversations:

The context conversation guides help steer conversations; facilitators do not need to read the questions word for word, and not every question needs to be asked to every participant. However, facilitators can ask the questions exactly as they appear in the guide if they prefer.

Tips on Using Context Conversation Guides:

- Facilitators do not need to ask every question on the guide in every conversation. However, keep in mind that the more questions you ask, the more information you will get. If you skip a question with one type of participant, ask that question of another participant in that same role. Try to ask all questions at least once for each participant role.
- Consider other assessments or information gathering exercises your organization is supporting at the facility (e.g., other readiness or capacity assessments), and focus your conversations on questions not explored elsewhere.
- Take notes during or immediately after your conversations. Notes will be used when scoring the conversations. **It is not necessary to record the conversations.**

3. How Do You Analyze Results from the Conversation Guides?

Facilitators will score a facility and create an action plan after completing all conversations at the site. The following is an overview of the scoring. MKA will train your team on the details of the scoring process.

Scoring Overview:

- Use the Scoring Worksheets included in the guide to complete the scoring.
- Develop scores by participant type. In other words, create a score for each item in frontline staff conversations, for leader conversations, and for community member conversations. Do not assign scores for every individual conversation unless you had a conversation with only one person for a particular participant type.
- If there are multiple conversation facilitators for a facility, they should review the conversation notes and determine scores together.
- Do not score questions that are not asked in any of the conversations.
- Document the results from the Scoring Worksheet on the Facility Summary Page.

Using the Scoring Worksheet and Facility Summary Page:

Once scores are assigned for each question on each guide, the scores will be used to complete the Facility Summary Page. The purpose of the Facility Summary Page is to help facilitators think about how to use the facility's identified strengths and address possible areas for improvement during implementation.

4. How Do You Interpret the Results?

Consider the following when reviewing the Facility Summary Page to make what was learned in the conversations actionable:

1. What are the main strengths and areas for improvement highlighted in the assessment?

1. Why do you think the facility has these strengths and areas for improvement?
2. What other information do you need to understand the strengths and areas for improvement? Consider how to obtain this information (e.g., you may need to conduct some additional conversations with site staff or to review existing data).
2. What things about your program or change in practice can be modified to better fit with the facility strengths and areas for improvement? In other words, how can you modify the change in practice to meet the facility where it is?
   a. For example: Can you adapt your curriculum, schedule, or timing in a way that would better suit the facility?
3. As you develop or modify your implementation plan, how can you use the facility's areas of strength? How can you address or work around areas for improvement?

MKA, via MAKLab, can organize a call the first time an organization conducts and scores a set of conversations to help interpret the results, discuss how to share findings, and co-develop a plan to leverage strengths and address areas for improvement.

5. How Should You Share Results with the Facility?

You should share what you learned from the conversations with facility leaders and staff so that they can see their facility's results and co-create any changes or adaptations to the implementation plan. It is best to share the results in person to allow for a participatory discussion. Structure the discussion to cover:

1. Areas of strength and ways to leverage those strengths.
2. Areas for improvement and ways to address them or to modify the implementation plan.

Do not share information that would reveal a person's identity—people should not know who provided specific feedback during the conversations (e.g., if sharing a direct quote, do not include the name or role of the participant). Be particularly cautious about this for smaller sites where it would be easy to identify staff from their comments.

C.   THE IMPLEMENTATION PULSE CHECK TOOL

1. With Whom Should You Use the Implementation Pulse Check?

- Implementation team members and team leader: Share the Implementation Pulse Check with all members of the implementation team (if there is one) for this change in practice.

2. How Do You Administer the Implementation Pulse Check?

Timeline:
Use the implementation pulse check as a quarterly check on project progress throughout the implementation period for your practice change.

Format:
The implementation pulse check is meant to be a discussion within the implementation team to ensure that everyone is aligned on processes and aware of any current or emerging risks to the improvement work. We have created an agenda to help guide this discussion which can take place during a regularly scheduled implementation team meeting. This implementation pulse check agenda can be found on the HUB.

In situations where it may be difficult for implementation team members to speak openly about their concerns with the work, a 10-question paper survey can be provided to all the team members in advance of the meeting to collect feedback anonymously. If this strategy is used, be sure to provide a box or envelope to collect the surveys privately. The implementation team leader would then compile the answers, see where team members align and disagree, and use the results to guide the discussion at the next meeting. The individual implementation pulse check surveys can be found on the HUB.

3. How Do You Interpret and Share the Results of the Implementation Pulse Check Survey?

If the implementation team is using the suggested agenda to guide an open discussion:

- Dedicate an upcoming implementation team meeting to holding 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.
- As a team, decide on goals and next steps to be completed before the next quarterly pulse check discussion. For suggestions on how to address common challenges, see Section 3 of this document.

If the implementation team has decided to complete the surveys individually and discuss the results 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.
- These data are not intended to definitively describe or measure how well implementation is going; rather, they should be used to guide further discussions with the implementation team about program/project progress and any adaptations that are needed to better support facility staff.
- Ensure that this discussion provides a safe and respectful environment for sharing opinions and co-developing solutions as a team.

PART 3: ADDRESSING COMMON IMPLEMENTATION CHALLENGES

There is no one "correct" way to use the results from your context assessment. The general topics that are covered in both the conversation guide and pre-implementation survey (internal culture, team functionality, motivation & commitment, and ability to implement) are shown below, as well as some examples of how partners have adapted a practice change, or provided additional support based on common facility-based implementation challenges that emerge from the Context Assessment results. A list of online resources is also provided for each example for reference.

INTERNAL CULTURE & TEAM FUNCTIONALITY[1]

Internal Culture and Team Functionality refers to topics such as communication, teamwork, role clarity, opinions about quality improvement (generally).

Real life stories:

Improving Teamwork by Addressing Clinical Roles and Skills: After noting a deficiency in team culture from the conversation guides, implementing partner 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.

Identifying and mitigating communication challenges: Many discrepancies between leaders and staff perceptions resulted in additional inquiry to understand this further. In one-on-one conversations, staff shared that they did not feel comfortable sharing their opinions openly in a group and preferred individual anonymous surveys or one-on-one conversations to share feedback, especially if it was negative.

Points to consider for implementing organizations:

Creating a culture of accountability is critical to sustaining a practice change, but organizations frequently experience challenges with holding leaders and staff accountable for performance and professional standards. Some suggestions for creating a culture of accountability and helping leaders and staff assume responsibility for their performance in the organization are the following:

1. **Set clear expectations.** Never assume that people know the quality and performance that is expected of them. Site and implementation team leaders must clearly communicate the goal of the practice change and identify how each member of the team contributes to this goal. Team charters, performance metrics, or professional codes of conduct can all be tools to create accountability to the established roles and expectations.

2. **Monitor progress.** Continually monitoring individual and team progress allows for timely feedback, identification and resolution of any emerging issues, and ensuring that teams

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[1] Solutions to challenges related to internal culture and team functionality often overlap and are thus combined.

have the resources they need to be successful. Progress should be monitored using objective metrics, and data should be accessible to all leaders and staff. Examples of metrics include clinical outcomes data, adherence to safety protocols, and appointment start times.

3. **Address performance issues.** If an individual or team is not progressing as expected, set up some time to discuss this with them. These conversations should be focused on understanding why staff are not meeting expectations and should not be punitive. Suggestions for how to structure these conversations can be found [here](#).

4. **Accountability starts with leaders.** Leaders need to model accountability to their team. If leaders are willing to take responsibility for their decisions and actions, then staff are more likely to do so as well.

Additional Resources:

[Fostering accountability, communication, transparency, continuous learning, improvement models (High reliability organization toolkit)](#)

COMMITMENT & MOTIVATION

Commitment and Motivation refers to leadership commitment and frontline health care workers' motivation to carry out the intervention.

Real life stories:

Dr. Leonard Kabongo is a surgeon and anesthesia provider, specializing in maternal health, who is also one of Namibia's leading patient safety experts. Dr. Kabongo had been working to improve maternal and perinatal outcomes at the Gobabis District Hospital in Namibia and, despite years of skills training for staff and midwives and a more reliable supply chain, he found poor adherence to essential safe childbirth best practices among hospital staff. As an innovator and leader, Dr. Kabongo recognized a window of opportunity to implement change using the World Health Organization's Safe Childbirth Checklist (SCC), which outlines 28 essential standards of care that all women should receive from birth attendants during childbirth. Dr. Kabongo championed the year-long implementation to integrate and pilot the SCC in clinical practice. As a SCC champion, Dr. Kabongo initially coached nurses on checklist use. He then identified nurse quality champions (early adopters) to carry out further peer-to-peer coaching among facility staff. The project increased birth attendant use of the SCC (from an average of 46 percent in the pilot to an average of 86 percent in the implementation phase) and individual adherence to best practices improved as well. Dr. Kabongo continued the peer-to-peer coaching and one year after implementation of the SCC, maternal mortality had reduced to zero in the hospital.

Points to consider for implementing organizations:

People have different levels of motivation to adopt and perform the change(s) encouraged by the practice change. To understand and address these different levels, we use the **Diffusion of Innovation Theory adoption curve**. The adoption curve is comprised of five categories: Innovators, Early Adopters, Early Majority, Late Majority, and Laggards. Everyone falls into one of these categories, and each category will require different strategies to encourage their adoption of the practice change.

Innovators are eager to try new ideas. They tend to be risk takers and require very little information to convince them to adopt a practice change. They respond well to being "the first" to try something new.

Strategy: Ask innovators to help you test the practice change before scaling it up.
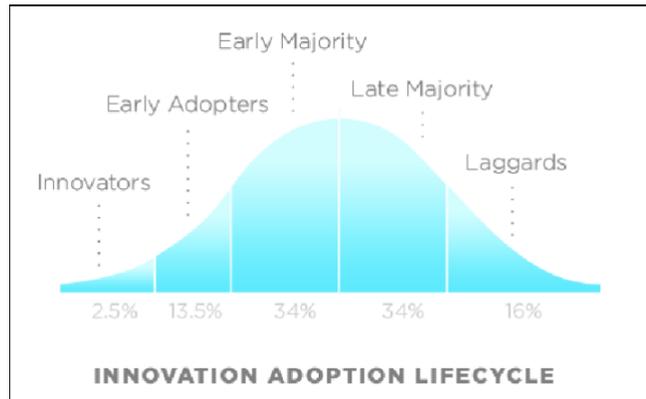
Early adopters are aware of the need for and are comfortable with change. They tend to be opinion leaders, and their approval is necessary for widespread adoption. Gaining their approval requires convincing them of the necessity of the practice change's goals.

Strategy: Provide information sheets that describe the practice change, why it is necessary, and what it will achieve. Early adopters often make good practice change champions, helping to engage other colleagues and to gain additional support for the practice change.

The **early majority** takes longer to adopt change. They often require compelling evidence that the practice change is effective before they try it.

Strategies:
- Use data to help convince the early majority of existing gaps and the effectiveness of the practice change, to provide a tangible goal for improvement, and to promote healthy competition. In combination, peer-reviewed data and local examples of effectiveness, such as results from small scale testing within the site, can be compelling.
- Sharing patient stories is also an effective way to communicate a powerful message about the practice change. It can make a patient-safety issue more personal and memorable, especially if real patients and families share their stories. This strategy may also be helpful in motivating the late majority.

The **late majority** are skeptical of new things and will adopt a practice change after most people have already adopted it.

Strategy: Have staff who have adopted the practice change share their experiences and discuss the ways it has brought about positive changes in the department/unit.

Laggards are the most challenging people to motivate to adopt a practice change.

Strategy: Engaging early and often with colleagues who fall in this category can be helpful in increasing their motivation and eventual adoption of the practice change. Holding one-on-one conversations that allow the laggards to voice their specific concerns and taking the time to address those concerns can go a long way in gaining their support.

Note: Given laggards' strong aversion to change, it may not be possible to get them fully engaged with the practice change. Consider focusing your engagement efforts on ensuring that they won't actively undermine the practice change or others' participation.

Additional Resources:

Workflow mapping to increase commitment

ABILITY TO IMPLEMENT

Ability to Implement refers to the implementation expertise of leaders and frontline health care workers and resources available for carrying out the practice change.

Real life stories:

Root causes for low ability to implement: Use of the Context Assessment Toolkit in Indonesia revealed that ability to implement was one of the weaker domains for facilities engaging in a hospital mentoring and supervision intervention. Based on previous experience implementing practice changes, it was believed that this resulted from staff feeling that they do not have the right training, time, and/or resources to implement the practice change. The implementing partner was advised to work with facility leadership to view the intervention as a top priority and be willing to provide the training and resources necessary to make it successful. The partner was encouraged to include activities in the Action Plan whereby facility leaders and staff could discuss which training or resources would be most critical to implementing the intervention.

Points to consider for implementing organizations:

Co-creation and workflow mapping. There is no singular solution to the varied implementation challenges that may be faced with a new practice change. Soliciting leaders' and staff feedback on how to overcome identified challenges can increase buy-in to a practice change and result in more sustainable solutions.

- Engage staff from the beginning of the practice change. Involve them in the development process, especially workflow mapping, and encourage and validate their participation.
- Build consensus on important problems to address and potential practice changes to implement. One approach is by convening representatives from each group and allowing them to vote on which practice change(s) to pursue or how to overcome specific challenges. The results of the Context Assessment Toolkit can be used to guide this process.
- Regularly solicit feedback on proposed work, potential changes, and initial results individually or in a small group. This helps build an interactive process and requires minimal time from leaders and staff.

Align priorities. It is critical to align the practice change's aim with an organization's larger vision and goals. Practice changes that align with and contribute to broader organizational and performance goals are more likely to be acceptable to leaders and staff and to result in more effective advocacy for sufficient dedicated resources to the practice change. When priorities are not aligned, then it may be important to consider alternate timing for implementing a practice change or soliciting additional support for the practice change (e.g., at a district level). Too many practice changes happening at once can overwhelm and de-motivate staff.

Foster an organized, goal-driven implementation team. Implementation activities can be organized into three phases: Prepare, Train and Coach, and Sustain. Activities in the Prepare phase set the foundation for the entire practice change. The Context Assessment Toolkit should be initiated during the 'prepare' phase to use the results to optimize the planning and roll-out of a practice change.

Prepare	Train and Coach	Sustain
1. Build your implementation team 2. Set goals and develop an implementation timeline 3. Engage colleagues and gain support 4. Initiate Context Assessment Toolkit 5. Conduct small scale testing 6. Plan for coaching and training 7. Plan for launching the practice change 8. Develop a measurement plan	1. Conduct training 2. Launch practice change 3. Begin coaching 4. Begin measuring	1. Continually observe, use data, and provide feedback to staff and leaders 2. Celebrate and share successes 3. Track your progress over time 4. Develop a plan to engage resistant leaders and staff

Additional Resources:

Ariadne Labs – Introduction to the Implementation Pathway

Ariadne Labs – Setting goals and an implementation timeline