

# Introducing and Administering the Context Assessment Toolkit

Guidance for Implementing Organizations

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SECTION 01

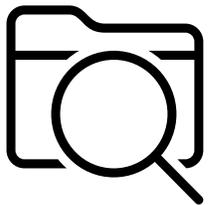
# What is Context Assessment?

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**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.<sup>1</sup>

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?

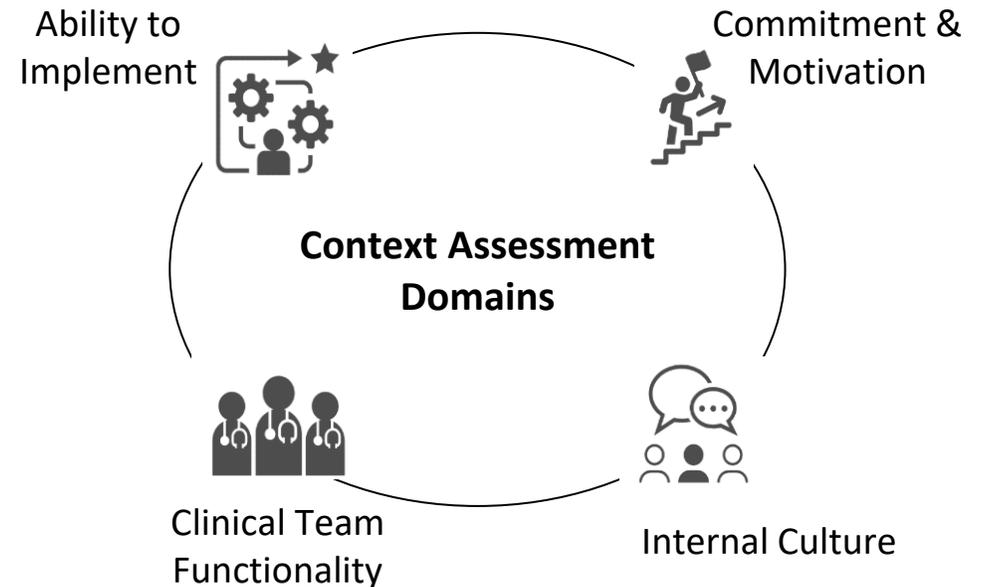
- **Quality Improvement (QI)** is the use of several small changes in practice to improve the quality of health care services provided and patient health outcomes.
  - It is an ongoing process that involves the entire multidisciplinary care team.
- QI allows health facilities to prioritize their limited 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?

QI implementation work starts here

QI implementation success is fostered here

Improved results are seen here



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

DOMAIN	DEFINITION	SAMPLE ITEMS
<b>Commitment &amp; Motivation</b>	Leadership commitment and staff motivation to work on the practice change.	<ul style="list-style-type: none"><li>• This improvement is one of our top priorities.</li><li>• Our leadership is committed to this improvement.</li><li>• I will spend time promoting this improvement with staff at my facility.</li></ul>
<b>Clinical Team Functionality</b>	The quality of the interactions of clinical teams working together.	<ul style="list-style-type: none"><li>• When I work with other health care workers to provide care to a patient, everyone shares important information as it becomes available.</li><li>• When I work with other health care workers to provide care to a patient, I know my role and responsibilities.</li></ul>

# Context Assessment Domains

DOMAIN	DEFINITION	SAMPLE ITEMS
<b>Ability to Implement</b>	Implementation expertise & resources.	<ul style="list-style-type: none"><li>• Electricity is always available when we need it.</li><li>• Staff have the supplies, medicines and equipment they need to be able to do this improvement work.</li><li>• I have been given an opportunity to participate in trainings for the practice change.</li><li>• The implementation team for this improvement will have a plan for how to implement this work.</li></ul>
<b>Internal Culture</b>	The organizational culture of safety and beliefs about teamwork.	<ul style="list-style-type: none"><li>• I am comfortable asking for help at work.</li><li>• 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.</li><li>• 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).</li></ul>



SECTION 02

# The Context Assessment Toolkit

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

CONTEXT ASSESSMENT TOOL	PURPOSE	WHO COMPLETES THE TOOL				ADMINISTRATION METHOD
		Leaders	Healthcare Workers	Impl Team	Community	
<b>Pre-implementation Survey</b>	<ul style="list-style-type: none"> <li>Collects data to inform decisions about readiness to implement and the implementation strategy</li> </ul>	X	X	X		Self-administered by facility
<b>Conversation guide</b>	<ul style="list-style-type: none"> <li>Collects data to inform decisions about readiness to implement and the implementation strategy</li> <li>Accessible to facility staff of all literacy levels</li> </ul>	X	X		X	Facilitated by implementing partner
<b>Progress Survey</b>	<ul style="list-style-type: none"> <li>Collects data to assess contextual factors that may jeopardize implementation success and inform modifications to the implementation strategy</li> </ul>	X	X	X		Self-administered by facility
<b>Implementation Pulse Check</b>	<ul style="list-style-type: none"> <li>Discussion for the implementation team to monitor progress and assess implementation risks</li> </ul>			X		Self-administered by facility implementation team

# 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

PRE-IMPLEMENTATION SURVEY FOR LEADERS (hospital)

**Pre-Implementation Survey**

Your facility is working to improve care for mothers through Hospital Mentoring. This work is referenced throughout the survey as "THIS IMPROVEMENT".

This survey will help you gather information about things at your facility that might affect how easy it will be to do this improvement work. By completing this survey, you will help your facility 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 leaders in 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.

**INSTRUCTIONS**

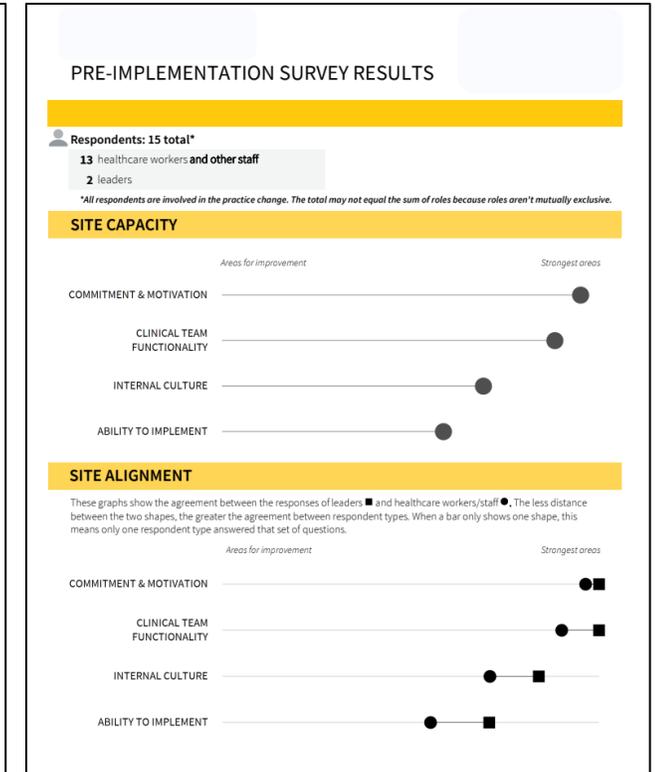
Please answer these questions while thinking about your facility (the place where this improvement work will be done.)

Definitions:

- **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
- **Implementation Team:** People who are part of the group who execute the improvement work by participating in activities such as: developing the implementation strategy,

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Survey



Report

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

STAFF QUICK REFERENCE	
<b>Introduction</b>	
<b>Discussion:</b> introduce the purpose of the conversation and its relation to the upcoming change in their facility.	
<b>Problem Statement:</b> the Implementer gives a short description of: <ul style="list-style-type: none"> <li>• The problem we are trying to solve</li> <li>• The ideal state</li> <li>• The proposed change</li> </ul>	
<b>Questions:</b> In general, what types of improvements would you like to make at this facility? What do you think about this change?	
Area of Interest	Implementation Plan
11 Interest in the Change	What are priorities for improvement in this facility? Where is this change in comparison with the other priorities?
12 Competing priorities	Are there other Quality Improvement programs or changes to your usual work that are currently happening or are about to start at your facility?
13 Intervention-specific knowledge/skills	Do you think any essential facility staff might feel unsure or unable to do this practice change? Why/ why not?
14 Dedicated resources	What resources are available for this change project (money, supplies, staff time)?
15 Data use	Would you give an example of the last time facility data was shared with you? What did you do with the information?
Area of Interest	Internal Environmental Culture
16 Incentives and payments	Do you receive your paycheck on a regular schedule?
17 Staff motivation	This change will require staff support and investment. What do you feel about the staff motivation for this change?
18 Roles and Responsibilities	To what extent do staff in this facility understand what they are responsible for in their day-to-day work?
19 Team Culture	When and how were you last recognized for good work? What was it for?
20 Communication across the organization	How often are updates about practice changes shared with staff across the facility? How are they shared?
21 Communication about patient care	How is important clinical information about a patient or patients shared between staff (nurses, doctors, etc.)? Are there ever delays or gaps in sharing clinical information?
22 Workload	Tell me about when you last felt like you were so busy or rushed at work that you were unable to provide good care.
Area of Interest	Community Engagement
23 Facility-community relationship (generally)	How would you describe the relationship between the facility staff and the community/patients?

Quick Reference Guide

STAFF SCORING					
Consider all the conversations with staff at this facility. When choosing a score, select only one box per question. If there were differences in how staff responded, or how leaders and/or patients responded, mark "discrepancy" and describe the discrepancy in the scoring summary.					
Implementation Plan					
#	Area of Interest	3 Strength	2 Neutral	1 Challenge	Discrepancy
1	Interest in the Change	<b>Useful, high priority</b> Staff see this change as useful and a high priority.	<b>Useful, not high priority</b> Staff see this change as useful but not high priority.	<b>Not useful</b> Staff do not see this change as useful.	
2	Competing priorities	<b>No competing priorities</b>	<b>Some competing priorities</b> Other programs or events could possibly make this new change unsuccessful.	<b>Major competing priorities</b> Other programs or events will likely make this new change unsuccessful.	
3	Intervention-specific knowledge/skills	<b>No additional training is needed</b>	<b>Knowledge and skills gaps can be addressed as part of the Change</b> Knowledge and skills gaps could likely be addressed in a one-off training event.	<b>Major knowledge and skills gap</b> Major knowledge and skills gaps exist that make it unlikely for the change to be successful without extensive training.	
4	Dedicated resources	<b>Sufficient resources</b> There are sufficient resources to implement this change.	<b>Limited resources</b> Resources are limited, which may be a challenge as this change is implemented.	<b>Major resource constraints</b> The change is unlikely to be successful due to lack of resources.	
5	Data use	<b>Extensive data use</b> Staff have access to data AND it is used to inform decisions on patient care.	<b>Some data use</b> Staff have access to data.	<b>No data use currently</b> Staff do not have access to data.	

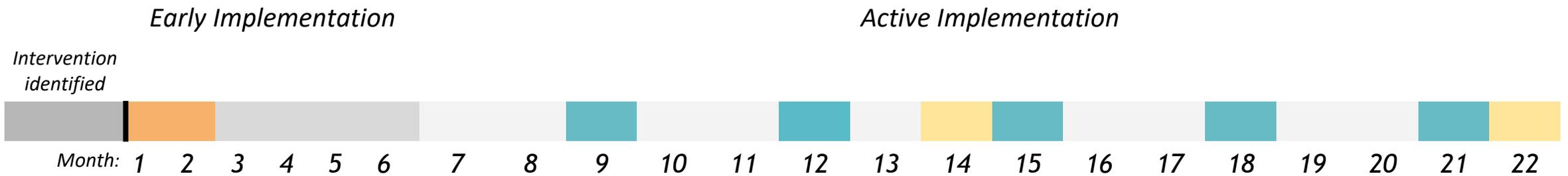
Scoring Sheet

CONTEXT ASSESSMENT SCORING SUMMARY	
Date of assessment:	
Number of leaders talked to:	
staff talked to:	
community members talked to:	
Total number of questions asked:	out of 26 total questions
Number of strengths:	
challenges:	
discrepancies:	
<b>Expanded description of strengths</b> (what were they, what is important to note as we start this practice change):	
<b>Expanded description of challenges</b> (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:	

Summary Page

- 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:**

	Context Assessment Tool	Suggested Administration Time Point
	Pre-Implementation Surveys and/or Conversation Guides and Results	Before/during Early Implementation
	Progress Surveys and Results	Midway through or towards the end of Active Implementation
	Implementation Pulse Check Discussions	Quarterly during Active Implementation



SECTION 03

# Introducing and Administering the Context Assessment Toolkit to Facilities

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# Roles of MKA and Implementing Organizations

<b>MKA (via MAKLab) team will work with Implementing Organizations to:</b>	<b>Implementing Organizations will work with facilities to:</b>
<ul style="list-style-type: none"><li>● Provide survey links</li><li>● Prepare for and support administration</li><li>● Provide guidance on reviewing results and use of reports</li></ul>	<ul style="list-style-type: none"><li>● Socialize and administer surveys</li><li>● Facilitate context conversation guides</li><li>● Review reports with facility leadership to better understand their results and use them to inform the implementation</li></ul>
	<b>Implementing Organizations will work with MKA (via MAKLab) team to:</b>
	<ul style="list-style-type: none"><li>● Provide feedback on the Context Assessment Toolkit</li></ul>

# Getting Started: Introducing the Context Assessment Toolkit to Facilities

<b>1. Pick the right person to introduce the assessment to staff</b>	<ul style="list-style-type: none"><li>● The person who introduces the assessment should have a relationship with the staff/leaders, and be respected and view favourably; <b>and</b> can follow up with respondents to encourage completion.</li></ul>
<b>2. Identify a time/place to introduce the assessment to staff</b>	<ul style="list-style-type: none"><li>● Make surveys part of the implementation plan for the improvement work</li><li>● Use multiple communication channels to reach staff and leaders<ul style="list-style-type: none"><li>○ In-person staff meetings (recommended); 1:1 conversations; email</li><li>○ Staff are more likely to receive information integrated into their normal routines for information sharing</li></ul></li></ul>
<b>3. Explain the concept of QI and purpose of the Toolkit</b>	<ul style="list-style-type: none"><li>● Use/adapt earlier slides to introduce the concepts of QI and context to facilities</li><li>● Surveys are an opportunity to let staff's voices be heard anonymously</li><li>● Conversation guides allow for group learning and problem solving</li><li>● <b>These are NOT audit tools; results are not used to judge or blame</b>, but rather for improvement in collaboration with the facility</li></ul>
<b>4. Highlight value of the Toolkit</b>	<ul style="list-style-type: none"><li>● By participating, staff/leaders will provide important information to support the planning and management of the improvement work</li><li>● Results will help the facility make the most of resources and staff/leaders' time by improving efficiency and effectiveness of implementation</li><li>● Changes in practice are more likely to be successful</li></ul>

# 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?

Respondent type	Details	MINIMUM # of people to share with, per facility
Leaders	Formal leaders at the hospital or within the department who are <b>directly involved in leading, influencing, or making decisions about the implementation of the practice change</b>	3-5
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 <ul style="list-style-type: none"><li>Consider how to select individuals within the roles (e.g., years of experience, shifts, time at the facility, gender)</li></ul>	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

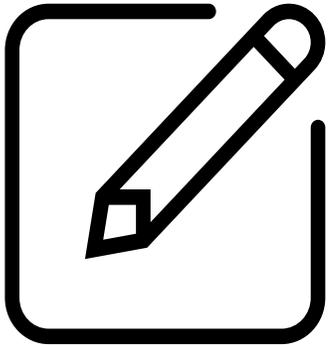
Timeline: The Pre-Implementation Survey should be used before or during early stages of implementation of your improvement work. The Progress Survey should be used at the midpoint or later stages of the implementation period. See **slide 15** for reference.

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

	When to Use	Process
<b>Option 1: Electronic Format</b>	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.	<ul style="list-style-type: none"> <li>● Share the survey link provided by MKA with participants. You can share this link over email, WhatsApp, or other digital messaging platforms.</li> <li>● 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.</li> </ul>
<b>Option 2: Paper Format</b>	Choose the paper format if the facility implementation team and staff have limited access to devices or internet access.	<ul style="list-style-type: none"> <li>● Print and share the paper survey form with participants.</li> <li>● Provide a secure way for participants to submit completed survey forms anonymously (e.g., a drop box or sealed envelope).</li> <li>● <b>Choose someone at your organization to enter the data into the online electronic survey form.</b></li> </ul>

# 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?

Conversation Guide	Details	MINIMUM # of people to Include
Leaders	Formal leaders at the hospital or within the department who are <b>directly involved in leading, influencing, or making decisions about the implementation of the practice change</b>	2 facility leaders 1 district leader (if applicable)
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 <ul style="list-style-type: none"><li>Consider how to select individuals within the roles (e.g., years of experience, shifts, time at the facility, gender)</li></ul>	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.

# Administering the Conversation Guides: Facilitators

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

Conversation Format	Description
One-on-one	Individual conversation with a single participant, virtual or in-person.
Small-group	Group conversation with two to four individuals in the same role.

- 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.

# 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.

#	Area of Interest	3 Strength	2 Neutral	1 Challenge	Discrepancy
1	Experience with improvement projects	<input type="checkbox"/> <b>Extensive experience</b> 5+ years experience with many quality improvement (QI) projects or 5+ years work experience in QI.	<input type="checkbox"/> <b>Some experience</b> 2+ years experience with a few QI projects or <5 years work experience in QI.	<input type="checkbox"/> <b>No experience</b> Never tried a QI project.	<input type="checkbox"/>

# 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.

#	Area of Interest	3 Strength	2 Neutral	1 Challenge	Discrepancy
1	Experience with improvement projects	<input type="checkbox"/> <b>Extensive experience</b> 5+ years experience with many quality improvement (QI) projects or 5+ years work experience in QI.	<input type="checkbox"/> <b>Some experience</b> 2+ years experience with a few QI projects or <5 years work experience in QI.	<input type="checkbox"/> <b>No experience</b> Never tried a QI project.	<input type="checkbox"/>

# Conversation Summary Sheet and Plan of Action

- Record key takeaways and conversation details on the Summary Sheet

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

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

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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?

Pulse Check Participants	Details	MINIMUM # of people to participate
Facility Implementation Team Members	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)	80% of the team should be available

- 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

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

# 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](mailto:MAKLab@prb.org) or submitting a request on the [HUB](#).

