Project Implementation Readiness Assessment Tool

JULY 2022

OVERVIEW

This readiness assessment tool comprises a **series of questions to evaluate jurisdictional context and readiness for implementation of a specific project, with a focus on embedding an equity approach. We recommend completing this assessment during the initial planning phases of a project** (e.g., before and/or during proposal development; for reference after proposal development). An assessment of context and readiness prior to introducing or scaling-up a project allows teams to identify potential barriers and facilitators in a jurisdiction that could impact successful project implementation and sustainability. This assessment will enable teams to build on identified strengths and address gaps to inform detailed planning to ensure key readiness factors are considered.

IMPORTANT NOTES:
- This tool is meant to be a reflective assessment and an enabler for implementation planning, rather than a series of checkboxes.
- This tool is not intended to provide an in-depth assessment of readiness at an individual or practice level (e.g., a clinic). Consider using a tool such as the Readiness Thinking Tool developed by the Wandersman Center for these types of assessments.

WHO SHOULD USE THIS TOOL?

Individuals at a variety of levels who are responsible for selecting or developing and planning for implementation of specific initiatives.

FOR EXAMPLE:
- Jurisdictional decision-makers/leaders/ champions (e.g., within cancer agencies/ programs; ministries of health)
- Implementation planning teams

Where possible, we recommend several individuals from your jurisdiction and/or implementation team complete this tool together (e.g., at a team meeting) during project initiation to consider these readiness factors from different perspectives. For example, you may need to engage different leaders and decision-makers in your jurisdiction to understand alignment with key strategic priorities. It should also be noted that some of the readiness considerations may need to be revisited at different stages of implementation planning (e.g., evidence and community engagement considerations prior to examining infrastructure needs). A 'need to revisit' column has therefore been included in the tool so that you can come back and assess this consideration again.

HOW SHOULD THE RESULTS BE INTERPRETED?

This assessment can be used to gauge readiness for implementation in your jurisdiction. There is no 'cut-off' score to indicate whether there is 'readiness' for implementation (which aligns with the approach taken in other readiness frameworks/ tools). Instead, if you have indicated mostly 'yes' for each of the considerations, this can give you increased confidence that this project is a good fit within your jurisdictional context and there is likely readiness for implementation. If you have indicated 'no' or 'not sure' for many questions, you will need to consider what information or additional supports are required to understand or enhance readiness (e.g., environmental scanning to better understand the evidence and context you are implementing in, engagement of specific decision-makers or community members, timing, areas of focus for the project, additional capacity building, infrastructure/ technology needed, etc.). If you have identified specific challenges or barriers, we encourage you to speak with your Canadian Partnership Against

Cancer (Partnership) contact to discuss possible supports or guidance that may be needed. This assessment can also support considerations and planning for embedding an equity approach and community engagement with new partners to co-develop strategies with the people the project is intended to serve. **Overall, the intent of this assessment is to identify and prioritize areas of action to inform implementation plans (and ultimately support the long-term sustainability of your project).**

Note: This readiness tool includes overall considerations for engaging different populations (including cultural competency) but is not a tool specific to engagement with First Nations, Inuit, and Métis.

HOW WAS THE TOOL DEVELOPED?

The tool was developed by the Canadian Partnership Against Cancer and informed by other readiness assessment and implementation frameworks that focus on key factors to support achievement of sustainable and quality implementation (see references for a full list). Key constructs and considerations from these frameworks were adapted and included in this tool and reviewed by individuals who have experience supporting the design and implementation of cancer control projects across Canada.

Note: While this tool is based on key concepts in the literature, this is not a validated or published tool, but rather a resource to support implementation planning efforts.

CAN THE TOOL BE ADAPTED?

Yes, we encourage those who would like to tailor this tool for their project/setting to do so (e.g., adding in specific readiness considerations, tailoring language, including additional columns for notetaking). However, the readiness considerations included in this tool were carefully selected given the importance of addressing these questions early on for successful implementation; therefore, we do not recommend removing questions where possible.

To see an example of how a tool like this was adapted for a specific project, please see the 'Implementation Planning Guide for Programmatic Lung Cancer Screening – Readiness Assessment Toolkit (March 2020)'.

ARE THERE IMPLEMENTATION RESOURCES I CAN TURN TO AFTER COMPLETING THIS ASSESSMENT?

If you are interested in learning more about implementation planning best practices, there are a few key sources you can turn to. For example, The Center for Implementation offers some free courses and resources. A comprehensive Knowledge Translation Planner has also been developed by Health Canada which may be valuable as you are planning for implementation.

TERMINOLOGY

Jurisdiction can include a province, territory, or specific region

Community refers to the individuals who may benefit from and who can meaningfully guide project development and implementation. This could include local residents, organizational leaders, decision-makers, etc. Community does not necessarily refer to a specific town or neighborhood (definition adapted from Program Sustainability Assessment tool)

End-user is an individual, community or organization that will directly use or benefit from the project (definition adapted from the Australian Government)

Evidence may include information gathered from research in a systematic way (i.e., obtained in a manner that is replicable, observable, credible and verifiable), real-world contextual evidence which can come from a variety of local data sources offering a "snapshot" of measurable community characteristics (i.e., data, evaluations) and lived experience from those who have practiced or lived in a particular setting (i.e., patient experience, subject matter expertise, oral traditions).

DOMAIN

EVIDENCE AND COMMUNITY ENGAGEMENT

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Do key sources of evidence (e.g., community-based, peer-reviewed, real-world data, grey literature, system performance data) demonstrate a need for this project in your jurisdiction or community? I.e., is there a clear gap or problem identified?						
Is there a culturally appropriate plan in place to ensure individuals most impacted by this work and those with lived experience are meaningfully engaged throughout the project that aligns with their preferences and self-identified priorities (e.g., actively involved in project design, decisions, etc.)? Do you have existing relationships?						
Have individuals with a multitude of perspectives been engaged to understand jurisdictional and/or community needs, preferences, and values?						
Does this project align with the identified needs, priorities, and preferences of potential end-users (e.g., patients, the community, organization) in your jurisdiction?						
Have you engaged with potential end-users that experience disparities in access, experience, and outcomes (e.g., racialized communities, low-income individuals, new immigrants, those living in rural and remote communities and LGBTQ2S+ populations) to understand if this project is a priority from their perspective?						

EVIDENCE AND COMMUNITY ENGAGEMENT (continued)

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Is there evidence (e.g., peer reviewed, grey literature, real-world data, evaluation and economic analyses, patient experiences) to support the project focus and selected strategies? What about for those experiencing health inequities?						
Is this project seen as feasible and accessible among key partners and end-users?						
Has an assessment of barriers and facilitators been conducted (or is there a plan to do so) to understand factors that could impact uptake of this project among different populations (that will inform selection of implementation strategies)?						
Is there a plan in place to understand how this project may need to be adapted (e.g., compared to implementation in other settings) to align with local/jurisdictional priorities, values, and context?						

DOMAIN
PARTNER SUPPORT AND ALIGNMENT

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Does the project align with key priorities or policies (e.g., strategic plans, reporting, regulations, guidelines) in your jurisdiction?						
Have key champions, leaders, and decision-makers (e.g., at an organizational, community or jurisdictional/system-level) for this work been identified and engaged early to ensure support and commitment?						
Is this project seen as a priority (e.g., by key decision-makers, community leaders) amidst other key initiatives occurring within the community/ jurisdiction (and not a duplication)?						
Is there support and commitment from those who will be responsible for implementing the project (e.g., clinicians, community-based health representatives)?						

PARTNER SUPPORT AND
ALIGNMENT (continued)

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Are there established relationships in place between the organizations and partners across your jurisdiction required to support implementation of this project? Are formal relationship agreements required and in place (e.g., MOUs, data sharing agreements, relationship protocols)?						
Is there an engagement and communications plan to ensure all impacted audiences have been identified and engaged via the most appropriate channels?						
Have potential concerns, questions, or resistance to implementing this project at various levels been addressed (e.g., among end-users, community partners, administrators, clinician attitudes/knowledge/beliefs)?						

DOMAIN
CAPACITY AND INFASTRUCTURE

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Have the roles and responsibilities of those involved in implementation been identified and confirmed?						
Is there capacity (e.g., knowledge, resources, skills, technology, financial, other infrastructure) within the implementation team/organization/jurisdiction to appropriately plan and implement the project?						
Do you have adequate knowledge, resources, and skills to collaborate with community members and end-users to build rapport and understand cultural preferences of populations impacted by this project throughout implementation?						
Has everyone on the team taken Indigenous cultural competency training or is there a plan to implement cultural competency training across the project within the first year?						
Do those who will be implementing the project feel confident in doing so?						

CAPACITY AND
INFASTRUCTURE (continued)

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
If potential capacity concerns have been identified (e.g., readiness or capacity of community partners, competing priorities, knowledge/skills), is there a plan in place to address these challenges (e.g., compensation, bringing in additional resources, support, shifting out implementation timing, training)?						
Is there an opportunity to pilot the project in certain settings (e.g., specific organization or community; settings that focus on supporting individuals experiencing inequities) first before broader implementation?						
Is there capacity (e.g., knowledge, resources, skills, financial) within the implementation team/organization/jurisdiction to appropriately monitor, measure and evaluate the project?						
Is there appropriate planning and/or systems and infrastructure (e.g., technology) in place to monitor and measure project progress/performance and impact?						
Do the measures and outcomes selected to demonstrate success align with preferences and values of your partners (e.g., patients, community members, those responsible for implementing, decision-makers, system leaders, etc.)?						

CAPACITY AND
INFASTRUCTURE (continued)

READINESS CONSIDERATION	YES	NO	NOT SURE	NEED TO REVISIT	PLAN OF ACTION IF GAP IDENTIFIED	NOTES (E.G., INDIVIDUALS CONSULTED, ADDITIONAL INSIGHTS/CONTEXT)
Has a clear sustainability objective/goal for the project been defined?						
Is there capacity (e.g., knowledge, skills, resources) within the implementation team/organization/jurisdiction to plan for long-term sustainability of the project?						
Are there plans and resources in place (e.g., conducting sustainability assessments, development of sustainability plans, securing continued budget/resources) to ensure the long-term sustainability of this project?						

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