AMETHIST

RESOURCE

DESIGNING AN IMPLEMENTATION TOOLKIT FOR EVIDENCE-BASED INTERVENTIONS IN MATERNAL HEALTH

Toolkits compile resources to support the implementation of evidence-based interventions and innovations. These include adaptable documents, resources, and "tools" (e.g. templates, instruction sheets, videos) presented in a variety of formats (e.g. online, hard copy, manuals). Implementation toolkits can be used in various clinical and community settings with diverse audiences (Barac et al., 2014). Implementation toolkits "provide a blueprint for what to do, when to do it, and how to do it" throughout the implementation process (UC Davis, 2024).

AMETHIST@Penn: Achieving Maternal Empowerment and Transforming Health through Implementation Science and Training

WHY USE AN IMPLEMENTATION TOOLKIT?

Implementation toolkits are increasingly used as knowledge translation, with the goal of bridging the gap between clinical research and practice (Barac et al., 2014). Other knowledge translation activities, like webinars, expert consultation, and learning collaboratives, may be too highly-resource intensive and difficult to maintain at scale (Davis & D'Lima, 2020; Juckett et al., 2022). Thus, implementation toolkits – with their packages of tailored educational materials and practical resources – offer a broadly accessible, scalable, simple, and self-paced way to support implementation of evidence-based interventions across sites.

Toolkits can reduce the complexity of practice change, support consistent implementation across diverse settings, and create flexibility for users to tailor implementation to local contexts and experiences.

However, toolkits alone may have modest effects on implementation. There is limited data on their uptake, implementation outcomes, and changes in clinical practice and health (Barac et al., 2014; Hempel et al., 2019; Yamada et al., 2015). Some studies have found that using toolkits to support the implementation of evidence-based interventions is associated with improved patient and clinical outcomes (Dykes et al., 2017; Helmle et al., 2018; Main et al., 2017; Yamada et al., 2015). However, toolkits may be more effective when delivered as part of a broader, multicomponent dissemination strategy (Hempel et al., 2019; Main et al., 2017; Yamada et al., 2015).

Running Example Used Throughout This Guide

To make these ideas concrete, we'll use the **California Maternal Quality Care Collaborative's (CMQCC) Implementation Toolkit on Improving Health Care Response to Obstetric Hemorrhage** (Lagrew et al., 2022). This toolkit is one of the most readily available examples in maternal health implementation science. Its goal is to support hospital systems implementing the hemorrhage safety bundle to reduce rates of and racial disparities in severe maternal morbidity due to hemorrhage.

WHAT MAKES A GOOD TOOLKIT?

A good toolkit goes beyond the steps required to complete a clinical intervention (e.g. clinical protocol). It also must provide effective and actionable strategies to facilitate the implementation of the intervention in real-world settings, tailored to the needs and experiences of intended users, and easily used in practice (Barac et al., 2014; Thoele et al., 2020).

Toolkits should help implementers apply evidence in their contexts, not just learn about the intervention.

The combination of the **CMQCC Obstetric Hemorrhage Toolkit** and **CMQCC mentorship support** led participating hospitals to experience a significant reduction in severe maternal morbidity among hemorrhage patients (Main et al., 2017).

Table 1. Characteristics of Good Implementation Toolkits

	Definition and Why It Matters	CMQCC Obstetric Hemorrhage Toolkit Examples
Theory-Informed Design	Ground toolkits in implementation frameworks, conceptual models, behavior change theories, and/or assessments of contextual factors. Connect toolkit components during planning phases explicitly to ERIC implementation strategies. Theory provides structure; implementation strategies provide practical actions for change. Thus, theory-informed design enables implementers to predict the effectiveness of their efforts.	4R Quality Improvement Framework. Introduction outlines "lessons from the field" to identify principles of successful implementation: teaming, early easy wins, goal setting and timelines, small tests of change, etc.
Community-Informed Design	Build the toolkit iteratively alongside relevant community members, partners, and end-users. Co-design toolkits by ensuring end users contribute to informing, creating, and refining content. Community-informed design ensures the toolkit is tailored to intended end-users, helps build buy-in across audiences, facilitates adaptability to various contexts, and enhances toolkit credibility and trust.	Acknowledgements describe who served on the Obstetric Hemorrhage Task Force, which include academic, community, and hospital partners. Patient stories from Task Force are integrated.
Usability	Develop concrete resources that reduce burden, address barriers, and naturally fit into workflows (e.g. checklists, short modules, user-friendly summaries). Toolkits should be downloadable online, free of charge, and easy to use and navigate. Adaptable tools should be centralized and easy to find outside of the toolkit narrative. Ensuring usability drives toolkit uptake and makes implementation easier for busy clinic leaders, providers, and staff.	Toolkit is available online, free of charge, and as a PDF download (though behind registration requirements). Table of contents is linked to various sections. Within each narrative, links to relevant tools are provided to navigate to the appendix.
Adaptability	Name which components of the innovation or implementation process must be unchanged and which could be adapted. Provide easily adaptable and customizable tools (e.g. samples, templates). Ensuring adaptability optimizes intervention fidelity with flexibility for tailoring to local contexts. It helps users quickly have relevant, reputable tools without having to recreate them.	Sample tools included and matched to relevant interventions with instructions on how to adapt and use them.

Footnote: Barac et al., 2014; De Leo et al., 2025; Hempel et al., 2019; McNett et al., 2023; Thoele et al., 2020; Yamada et al., 2015

KEY COMPONENTS OF IMPLEMENTATION TOOLKITS

1. Introductory Material on the Evidence-based Intervention(s)

This section provides background on the public health or clinical problem you are trying to solve. Outline the logic, theory, evidence, and intended outcomes or benefits underlying the intervention(s). Describe transparently how the toolkit was created: what individuals and organizations were involved? How was literature and/or theory used? How were communities and end-users engaged?

This helps to build implementers' knowledge of the evidence-based intervention and confidence in their abilities to implement the innovation and in the credibility and trust of the toolkit creators.

Examples:

- Research and evidence summaries
- Background reading lists, talking points, video links
- List of definitions, acronyms, abbreviations
- Acknowledgements, authorship

2. Implementation Workflows

This section outlines how to implement the evidence-based intervention(s) using the toolkit. Describe the toolkit, how it should be used, and all its components. This will guide core aspects of implementation, offering an adaptable and easy to understand "how-to" of implementation. Incorporate tools that help users determine workflows for everyday practice: who does what, when, and how?

This helps implementers to operationalize the intervention(s) within their health systems and to develop a plan for implementation.

Examples:

- How to use this toolkit
- Step-by-step guides, implementation blueprints, workplans
- Timelines, checklists, Gantt charts

3. Implementation Strategies

This section describes implementation strategies (e.g. educational meetings, audit and feedback, centralized technical assistance, facilitation) utilized or tested to support the implementation of evidence-based interventions and associated data (if available). Describe the strategies, any evidence showing how they enable implementation, and who should use what strategies, when, and why. Tools should map to implementation strategies, demonstrating why they are included in the toolkit and how using them will facilitate change.

This enables implementers to decide on how best to use the toolkit, why implementation strategies work to facilitate change, and to predict the effectiveness of their efforts. This component is theory-informed design in action.

Examples:

- Choosing and tailoring implementation strategies
- Implementation strategy and tool/activity map
- Evidence lists supporting use of implementation strategies

4. Implementation Tools

This section may be an appendix or integrated into chapters and narrative. It provides an array of actual tools to support implementing the evidence-based intervention(s).

This provides practical actions for change that can be adapted to an organization's local context and to users' particular roles.

Here are different categories of tools you may incorporate:

- **Assessment tools** help to systematically assess an organization's readiness to implement the intervention(s) through baseline data on needs, context, barriers, and facilitators.
  - Sample needs assessment surveys and interview guides
  - Templates for gap analysis, power mapping, SWOT
- **Engagement and communications tools** help to identify, engage, and communicate messages to relevant community and organizational audiences.
  - Sample scripts, talking points
  - Meeting agendas
  - Email templates
  - Slide decks
- **Training, coaching, transfer of learning tools** incorporate curricula to help various audiences learn their roles in implementing or carrying out the intervention(s) and how to translate that learning into routine practice.
  - Train-the-trainer materials
  - Training plans, curricula
  - Slide decks, videos, reading lists
  - Interactive modules, self-guided training resources
  - Simulation scenarios and drills
- **Clinic-level tools** provide guidance to staff in various roles to carry out or sustain the evidence-based intervention(s). They may assist medical providers at the point of care, administrators with guidance on financing strategies, staff with appropriate clinic workflows, and more. These enable consistent implementation and fidelity to the intervention, reduce implementation barriers (e.g. administrative burden), and support adoption and sustainability.
  - Clinical guidelines, care plans, process aids, checklists
  - Pocket cards or algorithms to assist decision-making at point of care
  - Debrief and case review forms
  - Counseling scripts
  - Templates for billing and coding
  - Protocols, policies, procedures
  - Electronic medical record templates: medication/procedure orders, best practice alerts, clinical decision supports, chart notes
- **Patient-facing tools** support patient understanding, education, informed decision-making, consent, and access to resources and services related to the intervention(s).
  - Educational factsheets, handouts, consents, take-home instructions
  - Waiting room videos, signs, flyers, pamphlets
  - Translated materials
  - Referrals to resources or services

5. Built-In Evaluation

This section incorporates standardized and adaptable data collection and analysis materials to help users monitor and assess implementation processes, what works, and what needs improvement. These may include qualitative and quantitative ways of assessing process, effectiveness, and outcomes associated with the intervention(s). Outcomes may be related to implementation, the health system, clinical practice, and/or patient health.

Data on the progress of implementation, how to improve and adapt implementation strategies as needed, and the outcomes of implementation help users make informed decisions.

Examples:

- Sample data collection instruments: surveys, interview guides, monitoring checklists, observation templates
- Sample process, outcome, performance, clinical metrics

Footnote: Barac et al., 2014; Hempel et al., 2019; Thoele et al., 2020; UC Davis, 2024; Yamada et al., 2015

Sample Toolkit Components from the CMQCC Obstetric Hemorrhage Toolkit

Introductory Materials

- Obstetric Hemorrhage Care Guideline as a Checklist, Table, and Flow Chart
- Evidence summaries (Background)

Implementation Workflows

- Implementation step-by-step list linked to relevant tools
- Implementing and Sustaining Maternal Quality, Safety and Performance Improvement for Obstetric Hemorrhage (implementation planning steps)

Implementation Strategies

- Some Background sub-sections explain rationale and evidence behind implementation strategies
- Some explicitly linked to 4R model (e.g., Using the Electronic Health Record to Improve Management of Obstetric Hemorrhage)

Implementation Tools

ASSESSMENT

- Links to patient safety culture surveys
- Instructions on facility-wide gap analysis

ENGAGEMENT

- Instructions on assembling a perinatal patient safety team

TRAINING

- Obstetric Hemorrhage Toolkit and Education Slide Set
- Simulations and Drills Sample Scenarios

CLINIC-LEVEL

- Alert on Blood Transfusion Procedure Coding
- Sample Massive Transfusion Procedure
- Obstetric Hemorrhage Sample Order Set Staged
- Checklist for Patients Who May Decline the Use of Blood Products

PATIENT

- FAQ: What Do Patients Need to Know
- Resources for Postpartum Hemorrhage Survivors

Built-In Evaluation

- Using Outcome Metrics for Hemorrhage-Related QI Projects
- Quality measures and monitoring sub-section

This sample table of contents offers an example of how to organize these components into a toolkit.

Sample Implementation Toolkit Table of Contents

1. **Title Page**
2. **Glossary**
3. **Overview of Evidence-Based Intervention(s)**
    a. Public Health/Clinical Problem to Solve
    b. Intervention(s) and Evidence Surrounding It
    c. Toolkit Development Process
4. **Implementation Workflows**
    a. How to Use This Toolkit
    b. Step-By-Step Guide to Using Evidence-Based Intervention(s) in Practice
    c. Implementation Planning
    d. Choosing and Tailoring Implementation Strategies
    e. Implementation Strategy Evidence Summary
5. **Preparing for Implementation**
    a. Clinic and Community Engagement Tools
    b. Needs and Readiness Assessment Tools
6. **Implementation**
    a. Training Tools
    b. Clinic-Level Tools
    c. Patient Tools
7. **Evaluate Change**
    a. Process and Outcome Metrics
    b. Data Collection and Analysis
8. **Appendix**
    a. Links to easily downloadable tool templates

Mapping Toolkit Components to ERIC Implementation Strategies

ERIC implementation strategies are methods used to help users adopt, implement, and sustain evidence-based interventions. Mapping toolkit components to implementation strategies is a theory-informed way of ensuring each resource serves a clear purpose (Thoele et al., 2020). In the abbreviated example below, Thoele et al. maps aspects of their toolkit to ERIC implementation strategies supported by a tool to guide the implementation of an evidence-based intervention for patients with substance use disorder.

Table 2. Adapted and Abbreviated Table of Implementation Toolkit Contents Mapped to ERIC Implementation Strategies

(Adapted Table 3 from Thoele et al., 2020)

Toolkit Section	Tool Name	Tool Purpose	ERIC Implementation Strategy
Introduction	Introduction to the Toolkit	Provides purpose of implementation and timeframe	Develop a formal implementation blueprint
Definitions	Acronyms and Abbreviations	Lists acronyms and abbreviations used throughout the toolkit	Develop an implementation glossary
Engagement/ Communication	Chief Nursing Officer Letter of Support	Obtains a commitment from leaders to participate in the study and mandate the change	Obtain formal commitments; mandate change
	Chief Nursing Officer Talking Points	Provides information and talking points for each chief nursing officer	Obtain formal commitments
	Advisory Council Agenda Template	Provides a template for meetings with the advisory board	Use advisory boards and workgroups
Assessment	Capacity Self-Assessment	Assesses capacity, local needs, and barriers and facilitators to implementation	Assess for readiness and identify barriers and facilitators; conduct local needs assessment
Planning	Gantt Chart for Site Coordinators	Lists site coordinator responsibilities and projected study activities timeline	Prepare champions

STEPS IN DEVELOPING AN IMPLEMENTATION TOOLKIT IN MATERNAL HEALTH

Now that you understand what should be included in an implementation toolkit, how do you start to develop one for evidence-based maternal health interventions? Below are steps to follow adapted from a resource by the University of California, Davis, "How to Build an Implementation Toolkit from Start to Finish," and published studies cited throughout this resource that use theory and community engagement to inform toolkit development.

1. Clearly define the public health/clinical issue and evidence-based intervention(s) that a toolkit is intended to help community and healthcare settings implement.

Ask yourself: *What are we trying to help people adopt? Why?*

This Background Information Template by the University of California, Davis provides a good overview of information to collect and questions to answer. This will provide the basis of your toolkit's introductory materials.

2. Understand intended users' needs, goals, challenges, and settings

Ask yourself: *Who will need to use this toolkit to implement the evidence-based intervention(s)? What do they need to be successful? Why isn't implementation happening already?*

- Engage communities and individuals who should inform the toolkit: end-users, those affected by the public health issue, expert academic, medical, and community organizations, professional societies, departments of health, etc.
- Create a toolkit development team, steering committee, and/or community advisory board with these individuals to provide feedback and input throughout the process.
- Frameworks focused on uncovering contextual factors influencing implementation (e.g. CFIR, Theoretical Domains Framework, COM-B) can inform questionnaires, interviews, and other data collection instruments to fully understand a) the unique contexts in which your toolkit will be utilized, and b) what implementers need to be successful.

3. Use theory, literature, local knowledge, and community input to map a pathway for change and to select implementation strategies

Ask yourself: *How do we overcome barriers to implement this evidence-based intervention effectively?*

- Utilize implementation science, behavior change, and public health theories, models, and frameworks to guide your understanding of change.
- Use tools like Intervention Mapping or ERIC to select evidence-informed implementation strategies to address barriers.
- Identify evidence surrounding why certain implementation strategies will work to overcome barriers or effectively facilitate implementation.

4. Draft toolkit materials

Ask yourself: *What resources should we create? What resources already exist that we can adapt?*

- Work with your team, steering committee, and/or community advisory board to identify, create, and/or adapt toolkit materials.
- Tools should be practical, user-friendly, adaptable, and have a clear purpose to support implementation.
- Use evidence, local knowledge, and implementation science, behavior change, and public health theories, models, and frameworks to inform needed and effective tools (e.g. Diffusion of Innovations, Social Cognitive Theory, Adult Learning Theory, Organizational Readiness for Change).

5. Review, test, and refine the toolkit

Ask yourself: *Is the toolkit practical and easy to use? Does it meet the needs of end-users?*

- Discuss the toolkit with experts, community members, and intended users to review it for accuracy, usability, completeness, and clarity.
- Pilot test the toolkit in one or more real-world settings (e.g. Plan-Do-Study-Act).
- Revise the toolkit based on feedback.

DISSEMINATING AN IMPLEMENTATION TOOLKIT

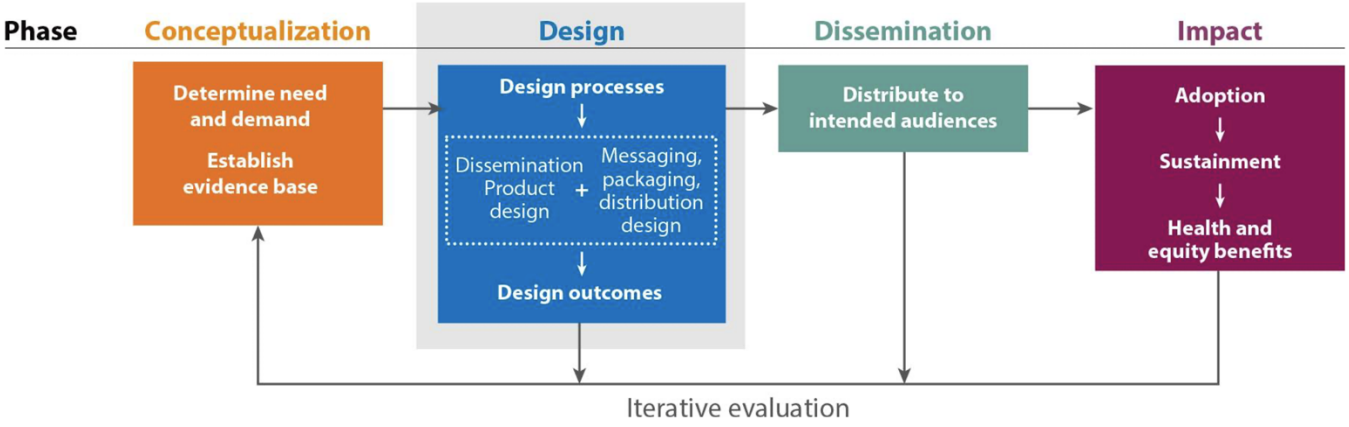
Creating a toolkit is only the first step. Intentionally disseminate your toolkit to ensure end-users, like healthcare providers, organizational leaders, and clinic staff, know it exists and understand how to use it.

The Knowledge-to-Action (KTA) Framework provides a structured process for moving knowledge translation products (like implementation toolkits) into practice (Graham et al., 2006).

KTA steps encourage toolkit developers to think through questions like:

- Who needs this toolkit?
- What are the settings where implementing this intervention will create the change we intend to make?
- What barriers will they face?
- How should the toolkit be adapted for different settings?
- How should it be shared?
- What reputable individuals, organizations, professional groups, and other communication channels can reach them?
- How will use be monitored?
- How will implementation be sustained?

Designing for Dissemination and Sustainability (D4DS) provides a framework that can help enhance the fit between a toolkit and the context in which it is intended to be used to implement the evidence-based intervention(s) (Kwan et al., 2022). Toolkit developers should intentionally involve and co-design the toolkit with end-users and relevant community members. Such engagement will help widen effective dissemination and strengthen partnerships that can expand the toolkit's reach.



Organizing schema and logic model (Kwan, et al., 2022)

This framework recommends toolkit developers to:

- Begin with dissemination, sustainment, and equitable impact in mind.
  Ask yourself: *who will influence the decision to use this toolkit and adopt the evidence-based interventions? How will this work ensure equitable impact?*
- Prioritize the needs and perspectives of diverse stakeholders at every stage of the process. This will help anticipate challenges and improve the quality of adaptations.
- Incorporate team science and systems science principles and practice to ensure teams work well together and can produce strong products.
- Understand that toolkit development is iterative: creation, revision, and testing may take multiple rounds.
- Employ health communication techniques tailored to the intended audience. Framing how the toolkit is discussed and promoted has a large impact on uptake.
- Evaluate adoption, equity, and sustainment at scale.

Use these frameworks to guide how you will disseminate your toolkit to ensure it has the reach and impact you intend it to have.

EVALUATING AN IMPLEMENTATION TOOLKIT

Evaluating your toolkit is essential to determine whether it is usable, acceptable, and effective in helping your intended audience implement evidence-based interventions and whether this leads to practice changes and improved health outcomes. However, few implementation toolkits are comprehensively evaluated (Barac et al., 2014; Hempel et al., 2019; Yamada et al., 2015). Many report formative evaluation efforts (how the toolkit was developed and adaptations made from user feedback and piloting), user satisfaction, or reach in the context of downloads and requests. But fewer assess implementation, clinical, and patient outcomes.

Table 3. Metrics to Evaluate Implementation Toolkits

	Key Questions	Example Quantitative and/or Qualitative Measures
Toolkit Quality	Is the toolkit well-designed? How well does it reflect strategies needed to implement the evidence-based intervention(s)?	Content validity, usability, readability, completeness, relevance, acceptability
Reach	Who accessed the toolkit? Who is missing and why?	Downloads, website analytics, audiences reached through dissemination channels, barriers and facilitators to accessing toolkit
Readiness for Implementation	How prepared is the site to use the toolkit to implement the intervention(s)?	Contextual factors influencing implementation, readiness assessments
Toolkit Use	Which toolkit components are used? Why? Who uses the toolkit?	Adoption of toolkit components, frequency of use, adaptations made, barriers and facilitators to use
Implementation Outcomes	How effective is implementation of the intervention(s) and why?	Acceptability, appropriateness, feasibility, fidelity, adoption, penetration, sustainability, barriers and facilitators to implementation
Clinical, Organizational, or Patient Outcomes	Did practice or patient outcomes improve because of implementing the intervention? How so?	Workflow changes, provider behaviors, screening rates, documentation, healthcare quality measures, patient experience, health outcomes

Process evaluations allow toolkits to be iteratively refined through feedback on its use in real-world settings, components that are most and least helpful, barriers to implementation, and whether the toolkit successfully translates knowledge of an evidence-based intervention into clinical practice.

Outcome evaluations help to generate evidence on the toolkit's impact on clinical practice and patient outcomes: whether clinical practice is changed and how that influences health, healthcare, and disparities.

The creators of the CMQCC Obstetric Hemorrhage Toolkit conducted pre/post analysis of hospitals that participated in the CMQCC mentorship program utilizing the toolkit, compared with non-participating comparison hospitals. They assessed adoption as an **implementation outcome** (proportion of hospitals completing 14/17 safety bundle elements, reporting regular unit-based drills, and regular post-hemorrhage debriefs). And they assessed severe maternal morbidity among those experiencing hemorrhage and the overall delivery population as a **patient/clinical outcome** (Main et al., 2017).

EXAMPLES OF IMPLEMENTATION TOOLKITS IN MATERNAL HEALTH

Agency for Healthcare Research and Quality Perinatal Safety Toolkit

CMQCC Toolkits on Cardiovascular Disease in Pregnancy and Postpartum, Community Birth Transfer, Early Non-Medically Indicated Deliveries, Hypertensive Disorders of Pregnancy, Diagnosis and Treatment of Obstetric Sepsis, Supporting Vaginal Birth, and Venous Thromboembolism

Rural Health Information Hub Rural Maternal Health Toolkit

University of Illinois College of Medicine Maternal Health Emergency Department Toolkit

World Health Organization Toolkit for Implementation of WHO Intrapartum Care and Immediate Postnatal Care Recommendations in Health-Care Facilities

References

Barac R, Stein S, Bruce B, & Barwick M (2014) Scoping Review of Toolkits as a Knowledge Translation Strategy in Health. *BMC Medical Informatics and Decision Making* **14**(1):121. https://doi.org/10.1186/s12911-014-0121-7

Davis R & D'Lima D (2020) Building Capacity in Dissemination and Implementation Science: A Systematic Review of the Academic Literature on Teaching and Training Initiatives. *Implementation Science* **15**(1):97. https://doi.org/10.1186/s13012-020-01051-6

De Leo A, Sweet L, Palamara P, Bloxsome D, & Bayes S (2025) How Valuable is an Implementation Toolkit for Midwives? An Exploratory Study. *Midwifery* **141**:104241. https://doi.org/10.1016/j.midw.2024.104241

Dykes PC, Duckworth M, Cunningham S, Dubois S, Driscoll M, Feliciano Z, Ferrazzi M, Fevrin FE, Lyons S, Lindros ME, Monahan A, Paley MM, Jean-Pierre S, & Scanlan M (2017) Pilot Testing Fall TIPS (Tailoring Interventions for Patient Safety): A Patient-Centered Fall Prevention Toolkit. *The Joint Commission Journal on Quality and Patient Safety*, **43**(8):403–413. https://doi.org/10.1016/j.jcjq.2017.05.002

Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, & Robinson N (2006). Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions* **26**(1):13–24. https://doi.org/10.1002/chp.47

Helmle KE, Chacko S, Chan T, Drake A, Edwards AL, Moore GE, Philp LC, Popeski N, Roedler RL, Rogers EJR, Zimmermann GL, & McKeen J (2018) Knowledge Translation to Optimize Adult Inpatient Glycemic Management With Basal Bolus Insulin Therapy and Improve Patient Outcomes. *Canadian Journal of Diabetes*

42(5):505-513.e1.
https://doi.org/10.1016/j.jcjd.2017.12.010

Hempel S, O'Hanlon C, Lim YW, Danz M, Larkin J, & Rubenstein L (2019) Spread Tools: A Systematic Review of Components, Uptake, and Effectiveness of Quality Improvement Toolkits. *Implementation Science* **14**(1):83. https://doi.org/10.1186/s13012-019-0929-8

Juckett LA, Bunger AC, McNett MM, Robinson ML, & Tucker SJ (2022) Leveraging Academic Initiatives to Advance Implementation Practice: A scoping review of capacity building interventions. *Implementation Science* **17**(1):49. https://doi.org/10.1186/s13012-022-01216-5

Kwan BM, Brownson RC, Glasgow RE, Morrato EH, & Luke DA (2022) Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health. *Annual Review of Public Health* **43**(1):331–353. https://doi.org/10.1146/annurev-publhealth-052220-112457

Lagrew D, McNulty J, Sakowski C, Cape V, McCormick E, & Morton C (2022) *Improving Health Care Response to Obstetric Hemorrhage, a California Maternal Quality Care Collaborative Toolkit* [Toolkit]. CMQCC. https://www.cmqcc.org/toolkits-quality-improvement/hemorrhage

Main EK, Cape V, Abreo A, Vasher J, Woods A, Carpenter A, & Gould JB (2017) Reduction of Severe Maternal Morbidity from Hemorrhage Using a State Perinatal Quality Collaborative. *American Journal of Obstetrics and Gynecology* **216**(3):298.e1-298.e11. https://doi.org/10.1016/j.ajog.2017.01.017

McNett M, Gorsuch PF, Gallagher-Ford L, Thomas B, Mazurek Melnyk B, & Tucker S (2023) Development and Evaluation of the Fuld Institute Evidence-based Implementation and Sustainability Toolkit for Health Care Settings. *Nursing Administration Quarterly* **47**(2):161–172. https://doi.org/10.1097/NAQ.0000000000000569

Thoele K, Ferren M, Moffat L, Keen A, & Newhouse R. (2020) Development and Use of a Toolkit to Facilitate Implementation of an Evidence-based Intervention: A Descriptive Case Study. *Implementation Science Communications*, **1**(1):86. https://doi.org/10.1186/s43058-020-00081-x

UC Davis (2024, August 30) *Building an Implementation Toolkit from Start to Finish*. Implementation Toolkits. https://humanservices.ucdavis.edu/toolkits/implementation-toolkits

Yamada J, Shorkey A, Barwick M, Widger K, & Stevens BJ (2015) The Effectiveness of Toolkits as Knowledge Translation Strategies for Integrating Evidence into Clinical Care: A Systematic Review. *BMJ Open*, **5**(4):e006808. https://doi.org/10.1136/bmjopen-2014-006808