Progress Survey

Your facility is implementing a quality improvement project. This work is mentioned throughout the survey as “THIS IMPROVEMENT.” This survey collects information about your facility that might affect how this project is being implemented. 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 at your facility then it might be possible to link your responses back to you.)*

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

Thank you for your participation!

# Definitions for Key Terms

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

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

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

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

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

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

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

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

# Definitions for Likert Scale Response Options

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

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

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

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

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

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

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

# Section 1

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

Doctor

Nurse

Midwife

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

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

Quality improvement/ data specialist — if this is the **ONLY** role you selected, go directly to [Section 3](#_Section_3_1)

1. What is your gender?

Female

Male

Prefer not to say

1. In your facility, who is encouraging making changes for this improvement work? (select all that apply)

Doctors

Nurses

Midwives

Facility leaders

National Ministry of Health officials

Sub-national Ministry of Health officials

People from other organizations/ external coaches

Other (please specify):

No one promotes Hospital Mentoring

Don’t know

## Indicate the amount you agree or disagree with the following statements.

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. There is a clear goal for this improvement work. |  |  |  |  |  |  |
| 1. I know what problem this improvement is trying to solve. |  |  |  |  |  |  |
| 1. The problem this improvement work is trying to solve is one of our top priorities. |  |  |  |  |  |  |
| 1. This improvement work is the right solution to help solve the problem. |  |  |  |  |  |  |
| 1. There are no other changes underway or planned that will compete with this improvement work for resources, time or personnel. |  |  |  |  |  |  |
| 1. Community leaders have no concerns about this improvement work. |  |  |  |  |  |  |
| 1. Neither patients nor their families have concerns about this improvement being used. |  |  |  |  |  |  |
| 1. I have observed leadership commitment to this improvement work. |  |  |  |  |  |  |
| 1. We have doctors who are promoting this improvement work. |  |  |  |  |  |  |
| 1. We have nurses who are promoting this improvement work. |  |  |  |  |  |  |
| 1. I have been given an opportunity to participate in trainings for this improvement work. |  |  |  |  |  |  |
| 1. I am able to get the help I need in order to do this improvement work. |  |  |  |  |  |  |
| 1. 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). |  |  |  |  |  |  |
| 1. I have the supplies, medicines and equipment I need to be able to do this improvement work. |  |  |  |  |  |  |
| 1. I can make the changes to my work that I think are necessary to do this improvement work. |  |  |  |  |  |  |
| 1. Leaders are held responsible for making sure that the improvement work is successful. |  |  |  |  |  |  |
| 1. Staff are receiving the help they need as we implement this improvement work. |  |  |  |  |  |  |
| 1. I have the support I need to learn the skills required for this improvement. |  |  |  |  |  |  |
| 1. I am able to view data for this improvement work. |  |  |  |  |  |  |

## Indicate the amount you agree or disagree with the following statements.

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

# Section 2

1. Do you provide direct clinical care to patients?

Yes — continue the survey

No — go to [SECTION 3](#_Section_3)

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

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# Section 3

1. We consider the implementation team to be the person(s) introducing the practice change by participating in activities such as: designing the practice change, developing the implementation strategy, planning or leading trainings, providing ongoing support (e.g., coaching/mentoring), measuring and using data about the implementation. These activities are distinct from doing the practice change as part of patient care.  
     
   Are you part of the implementation team for Supportive Supervision? (see definition above)

Yes — continue the survey

No — go to [Section 4](#_Section_4)

Don’t know — go to [Section 4](#_Section_4)

|  | Agree | Somewhat Agree | Somewhat Disagree | Disagree | Don’t Know | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I have enough time to work on implementing this improvement work. |  |  |  |  |  |  |
| 1. The implementation team has a leader who moves the work forward. |  |  |  |  |  |  |
| 1. The implementation team has a plan for how to implement this improvement work. |  |  |  |  |  |  |
| 1. The implementation team meets at frequent intervals to discuss progress towards goals. |  |  |  |  |  |  |
| 1. The staffing on our implementation team has not changed. |  |  |  |  |  |  |

# Section 4

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

Yes

No

Don’t know

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

Reasonable

Too long

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

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

## Thank you for completing this survey!