

## Organizational Readiness to Change

### *Instructions*

This survey asks questions about how you see yourself as a team member and how you see your health clinic. It begins on the next page with a short demographic section that is for descriptive purposes only. The *Anonymous Linkage Code* is requested so that information you give now can be “linked” to your responses to similar questions you may be asked later.

**To complete the form, please mark your answers by marking the appropriate circles. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.**

CDC estimates the average public reporting burden for this collection of information as 10 minutes per survey, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.

First letter in mother's  
first name:

First letter in father's  
first name:

First digit in social  
security number:

Last digit in social  
security number:

Please complete the following  
items for your anonymous code:

Today's Date: (MO/DAY/YYYY)

Are you:

- Male  
 Female

Your Birth Year: 19(YY)

Are you Hispanic or Latino?

- Yes  
 No

Are you: [MARK AS MANY AS APPLY]

American Indian or Alaskan Native

Black or African American

Asian

White

Native Hawaiian or other Pacific Islander

**Highest Degree Status:** [MARK ONE]

- |  |   |
|--|---|
| <input type="radio"/> No high school diploma or equivalent | <input type="radio"/> Bachelor's degree                             |
| <input type="radio"/> High school diploma or equivalent    | <input type="radio"/> Master's degree                               |
| <input type="radio"/> Some college, but no degree          | <input type="radio"/> Doctoral degree or equivalent                 |
| <input type="radio"/> Associate's degree                   | <input type="radio"/> Other (medical assistant, RN, post-doctorate) |

**Discipline/Profession:** [ MARK ALL THAT APPLY]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Physician             | <input type="checkbox"/> Other Human Services | <input type="checkbox"/> Clerk                                   |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Resident             | <input type="checkbox"/> RT, PT, EKG                             |
| <input type="checkbox"/> Nurse Practitioner    | <input type="checkbox"/> Intern               | <input type="checkbox"/> Pharmacy                                |
| <input type="checkbox"/> Nursing (LVN, RN)     | <input type="checkbox"/> Student              | <input type="checkbox"/> Interpreter                             |
| <input type="checkbox"/> PCT, NA               | <input type="checkbox"/> Administration       | <input type="checkbox"/> Other (specify)<br><input type="text"/> |
| <input type="checkbox"/> Social Work/LCDC      | <input type="checkbox"/> Manager              |  |

**If Appropriate, List Area of Specialization:** *(Ex. Internal Medicine, OB-GYN, etc.)*

**How long have you been in your present job?**

Less than 1 year

1 to 3 years

Over 3 years

## EVIDENCE ASSESSMENT

Based on your assessment of the evidence basis for this statement, please rate the strength of evidence in your opinion:

very weak      weak      neither weak nor strong      strong      very strong      Don't Know/Not Applicable

                            

Now, please rate the strength of evidence basis for this statement based on how you think respected clinical experts in your institution feel about the strength of evidence:

very weak      weak      neither weak nor strong      strong      very strong      Don't Know/Not Applicable



## EVIDENCE ASSESSMENT

**INSTRUCTIONS:** For each of the following statements, please rate the strength of your agreement with the statement.

**(Research) The proposed practice changes or guideline implementation:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Are (is) supported by RCTs or other scientific evidence from the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are (is) supported by RCTs or other scientific evidence from other health care systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Should be effective, based on current scientific knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Clinical Experience) The proposed practice changes or guideline implementation:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Are supported by clinical experience with hospital patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are supported by clinical experience with patients in other health care systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conform to the opinions of clinical experts in this setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Patient Preferences) The proposed practice changes or guideline implementation:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Have been well-accepted by hospital patients in a pilot study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are consistent with clinical practices that have been accepted by hospital patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take into consideration the needs and preferences of hospital patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appear to have more advantages than disadvantages for hospital patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CONTEXT ASSESSMENT

**INSTRUCTIONS:** For each of the following statements, please rate the strength of your agreement with the statement.

**(Culture) Senior leadership/clinical management in your organization:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Reward clinical innovation and creativity to improve patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solicit opinions of clinical staff regarding decisions about patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek ways to improve patient education and increase patient participation in treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Culture) Staff members in your organization:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Have a sense of personal responsibility for improving patient care and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperate to maintain and improve effectiveness of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are willing to innovate and/or experiment to improve clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receptive to change in clinical processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Leadership) Senior leadership/Clinical management in your organization:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Provide effective management for continuous improvement of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly define areas of responsibility and authority for clinical managers and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote team building to solve clinical care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote communication among clinical services and units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Measurement) Senior Leadership/clinical management in your organization:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Provide staff with information on hospital measures and guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish clear goals for patient care processes and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide staff members with feedback/data on effects of clinical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hold staff members accountable for achieving results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CONTEXT ASSESSMENT

**INSTRUCTIONS:** For each of the following statements, please rate the strength of your agreement with the statement.

**(Readiness for change) Opinion leaders in your organization:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Believe that the current practice patterns can be improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage and support changes in practice patterns to improve patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are willing to try new clinical protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work cooperatively with senior leadership/clinical management to make appropriate changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Resources) In general in my organization, when there is agreement that change needs to**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
We have the necessary support in terms of budget or financial resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have the necessary support in terms of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have the necessary support in terms of facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have the necessary support in terms of staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>>



## FACILITATION ASSESSMENT

**INSTRUCTIONS:** For each of the following statements, please rate the strength of your agreement with the statement.

**(Characteristics) Senior leadership/clinical management will:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Propose a project that is appropriate and feasible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide clear goals for improvement in patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish a project schedule and deliverables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designate a clinical champion(s) for the project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Characteristics) The Project Clinical Champion:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Accepts responsibility for the success of this project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the authority to carry out the implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is considered the clinical opinion leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works well with the intervention team and providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Role) Senior Leadership/Clinical Management/staff opinion leaders:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Agree on the goals for this intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will be informed and involved in the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree on adequate resources to accomplish the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set a high priority on the success of the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Role) The implementation team members:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Share responsibility for the success of the project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have clearly defined roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have release time or can accomplish intervention tasks within their regular work load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have staff support and other resources required for the project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Style) The implementation plan for this intervention:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Identifies roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly describes tasks and timelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Includes appropriate provider/patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acknowledges staff input and opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Style) Communication will be maintained through:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Regular project meetings with the project champion and team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of quality management staff in project planning and implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular feedback to clinical management on progress of project activities and resource needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular feedback to clinicians on effects of practice changes on patient care/outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Style) Progress of the project will be measured by:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Collecting feedback from patients regarding proposed/implemented changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting feedback from staff regarding proposed/implemented changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing and distributing regular performance measures to clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing a forum for presentation/discussion of results and implications for continued improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Resources) The following are available to make the selected plan work:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Staff incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment and materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient awareness/need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider buy-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(Evaluation) Plans for evaluation and improvement of this intervention include:**

	Strongly Disagree (1)	Disagree (2)	neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know/Not Applicable (6)
Periodic outcome measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff participation/satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissemination plan for performance measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of results by clinical leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thank you for your time and thoughtful responses. We value your input.**