Form Approved OMB No. 0920-XXXX Exp. Date xx/xx/20xx

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 response, 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.								
Please complete the following items	for your anony	mous code:						
First letter in mother's first name:		First letter in father'	s first name:					
First digit in your social security num	ber:	Last digit in your so	cial security number:					
Today's Date:	_ YR	Are you:	O Male O Female					
WO DAT		Your Birth Year: 19						
Are you Hispanic or Latino?								
O No O Yes								
Are you: [MARK AS MANY AS APPLY]O American Indian or Alaska NativeO Black or African AmericanO AsianO WhiteO Native Hawaiian or other Pacific Islander								
Highest Degree Status: [MARK ONE] O No high school diploma or equiva O High school diploma or equiva O Some college, but no degree O Associate's degree	ivalent O E lent O M O D	Bachelor's degree Master's degree Doctoral degree or equ Dther (medical assistar						
Discipline/Profession: [MARK ALL T	HAT APPLY]							
O Physician O Physician's Assistant O Nurse Practitioner O Nursing (LVN, RN) O PCT, NA O Social Work/LCDC	O Other Humar O Resident O Intern O Student O Administratic O Manager		O Clerk O RT, PT, EKG O Pharmacy O Interpreter O Other (specify)					
If Appropriate, List Area of Specialization: (Ex. Internal Medicine, OB-GYN, etc.)								
How long have you been in your <u>present job</u> ?								

O less than 1 year O 1 to 3 years O 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:

<u>Very Weak</u>	<u>Weak</u>	<u>Neither Weak</u>	<u>Strong</u>	<u>Very Strong</u>	<u>Don't Know/</u>
		<u>nor Strong</u>			<u>Not applicable</u>
0	0	0	0	0	Ö

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:

<u>Very Weak</u>	<u>Weak</u>	<u>Neither Weak nor</u>	<u>Strong</u>	<u>Very Strong</u>	<u>Don't Know/</u>
		<u>Strong</u>			<u>Not applicable</u>
0	0	0	0	0	Õ

EVIDENCE ASSESSMENT

INS	TRUCTIONS: For each of the following statem with the statement.	ents	, please	rate t	he strer	ngth of	your	agree	ment	
	č					Don't know/ Not applicable				6
	S					Strongly Agree				
	Agr				gree			4		
	Neither a disagree					nor	3			
(Res	Research) The proposed practice changes or Disagree					2]			
guid	deline implementation:	Str	ongly D	isagr	ee 1					
1.	1. Are (is) supported by RCTs or other scientific evidence from the hospital				0	0	0	0	0	0
2. Are (is) supported by RCTs or other scientific evidence from other health care systems				0	0	0	0	0	0	
 Should be effective, based on current scientific knowledge 				0	0	0	0	0	0	
(Cli	nical Experience) The proposed practice ch	ang	es or gu	uidelin	ne impl	ement	ation			
4.	Are supported by clinical experience with hosp	oital	patients		0	0	0	0	0	0
5.	Are supported by clinical experience with patient health care systems	ents	in other		0	0	0	0	0	0
6.	Conform to the opinions of clinical experts in t	his s	setting		0	0	0	0	0	0
(Pat	ient Preferences) The proposed practice ch	ang	es or gu	uideli	ne imp	lemen	tation	:		
7.	Have been well-accepted by hospital patients	in a	pilot stu	ldy	0	0	0	0	0	0
8.	Are consistent with clinical practices that have by hospital patients	bee	en accep	oted	0	0	0	0	0	0
9.						0	0	0	0	0
10.	Appear to have more advantages than disadv hospital patients	anta	iges for		0	0	0	0	0	0

CONTEXT ASSESSMENT

L								
			Don't		Not			6
		-	applicable					
			Strongly Agree 5					
		A	gree			4		
			er agree nor 3					
(Cul	ture) Senior leadership/clinical	disagre Disagree	e	2	1			
-	agement in your organization:	Strongly Disagre	e 1]				
1.	Reward clinical innovation and creativity to im	prove patient care	0	0	0	0	0	0
2.	Solicit opinions of clinical staff regarding decis	sions about patient	0	0	0	0	0	0
3.					0	0	0	0
(Cul	ture) Staff members in your organization:							
4.	Have a sense of personal responsibility for im care and outcomes	proving patient	0	0	0	0	0	0
5.					0	0	0	0
6.	Are willing to innovate and/or experiment to in procedures	nprove clinical	0	0	0	0	0	0
7.	Are receptive to change in clinical processes		0	0	0	0	0	0
(Lea	dership) Senior leadership/clinical manage	ment in your orga	anizati	on:				
8.	Provide effective management for continuous patient care	improvement of	0	0	0	0	0	0
9.	Clearly define areas of responsibility and auth managers and staff	ority for clinical	0	0	0	0	0	0
10.	Promote team building to solve clinical care p	roblems	0	0	0	0	0	0
11.	Promote communication among clinical service	es and units	0	0	0	0	0	0
(Me	asurement) Senior leadership/clinical mana	gement in your o	rganiza	ation:				
12.	Provide staff with information on hospital mea guidelines	sures and	0	0	0	0	0	0
13.	Establish clear goals for patient care processe	es and outcomes	0	0	0	0	0	0
14.	Provide staff members with feedback/data on decisions	effects of clinical	0	0	0	0	0	0
15.	Hold staff members accountable for achieving	results	0	0	0	0	0	0

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

CONTEXT ASSESSMENT

INS	INSTRUCTIONS: For each of the following statements, please rate the strength of your agreement with the statement.										
				Don't know/ Not applicable						6	
			Strongly Agree						5		
Ag								4			
Neither agree nor 3 disagree											
(Readiness for change) Opinion leaders in your Disagree 2											
org	anization:	Strong	ly Disa	gree	1						
1.	Believe that the current practice patterns can	tterns can be improved					0	0	0	0	
2. Encourage and support changes in practice patterns to improve patient care					0	0	0	0	0	0	
3.	Are willing to try new clinical protocols				0	0	0	0	0	0	
4.	Work cooperatively with senior leadership/clin to make appropriate changes	iical man	ageme	nt	0	0	0	0	0	0	
(Re	sources) In general in my organization, whe	n there	is agre	emen	t tha	at cha	nge n	eeds	to		
5.	We have the necessary support in terms of bu resources	udget or	financia	al	0	0	0	0	0	0	
6.	We have the necessary support in terms of tra	aining			0	0	0	0	0	0	
7. We have the necessary support in terms of facilities					0	0	0	0	0	0	
8. We have the necessary support in terms of staffing						0	0	0	0	0	
	FACILITATION	ASSES	SMEN	Т							
INS	TRUCTIONS: For each of the following stateme	ents, plea	se rate	the s	treng	gth of y	our ag	greem	nent v	vith	

the statement.

(Ch	aracteristics) Senior leadership/clinical management will:						
1.	Propose a project that is appropriate and feasible	0	0	0	0	0	0
2.	Provide clear goals for improvement in patient care	0	0	0	0	0	0
3.	Establish a project schedule and deliverables	0	0	0	0	0	0
4.	Designate a clinical champion(s) for the project	0	0	0	0	0	0

FACILITATION ASSESSMENT

INS	TRUCTIONS: For each of the following statem with the statement.	ents, plea	ase rate	e the stre	ngth of	your a	agree	ment	
					Don't know/ Not pplicable				6
			_		gly Ag	ree		5	
				Agree			4		
			Neith disag	er agree ree		3			
		Disa	agree		2				
•	aracteristics) The Project Clinical mpion:	Strongly	y Disaç	gree 1					
5.	Accepts responsibility for the success of this p	oroject		0	0	0	0	0	0
6.	Has the authority to carry out the implementat	ion		0	0	0	0	0	0
7.	7. Is considered the clinical opinion leader				0	0	0	0	0
8. Works well with the intervention team and providers						0	0	0	0
(Role) Senior Leadership/Clinical Management/staff opinion leaders:									
9.	Agree on the goals for this intervention			0	0	0	0	0	0
10.	Will be informed and involved in the intervention	on		0	0	0	0	0	0
11.	Agree on adequate resources to accomplish t	he interve	ention	0	0	0	0	0	0
12.	Set a high priority on the success of the interv	ention		0	0	0	0	0	0
(Ro	e) The implementation team members:								
13.	Share responsibility for the success of the pro	ject		0	0	0	0	0	0
14.	Have clearly defined roles and responsibilities			0	0	0	0	0	Ο
15.	Have release time or can accomplish interven their regular work load	tion tasks	s within	0	0	0	0	0	0
16.	Have staff support and other resources require	ed for the	e projec	t O	0	0	0	0	0
(Sty	le) The implementation plan for this interve	ntion:							
17.	Identifies roles and responsibilities			0	0	0	0	0	0
18.	Clearly describes tasks and timelines			0	0	0	0	0	0
19.	Includes appropriate provider/patient educatio	n		0	0	0	0	0	0
20.	Acknowledges staff input and opinions			0	0	0	0	0	0

FACILITATION ASSESSMENT

	with the statement.							
		i	applic					6
				ly Agr	ee		5	
			ree			4		
		Neither a disagree	-	nor	3			
Disagree 2								
•	le) Communication will be maintained ugh:	Strongly Disagre	e 1					
21.	Regular project meetings with the project char members	mpion and team	0	0	0	0	0	0
22.	Involvement of quality management staff in pro implementation	oject planning and	0	0	0	0	0	0
23.	Regular feedback to clinical management on p activities and resource needs	progress of project	0	0	0	0	0	0
24.					0	0	0	0
(Sty	le) Progress of the project will be measured	l by:						
25.	Collecting feedback from patients regarding proposed/implemented changes		0	0	0	0	0	0
26.	Collecting feedback from staff regarding propo changes	osed/implemented	0	0	0	0	0	0
27.	Developing and distributing regular performan clinical staff	ce measures to	0	0	0	0	0	0
28.	Providing a forum for presentation/discussion implications for continued improvements	of results and	0	0	0	0	0	0
(Res	sources) The following are available to make	e the selected pla	n worl	c :				
29.	Staff incentives		0	0	0	0	0	0
30.	Equipment and materials		0	0	0	0	0	0
31.	Patient awareness/need		0	0	0	0	0	0
32.	Provider buy-in		0	0	0	0	0	0
33.	Intervention team		0	0	0	0	0	0
34.	Evaluation protocol		0	0	0	0	0	0

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

FACILITATION ASSESSMENT INSTRUCTIONS: For each of the following statements, please rate the strength of your agreement

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	with the statement.									
Don't know/ Ne applicable Strongly Agree							4	5	6	
		Agree Neither agree nor disagree Disagree 2						4		
(Evaluation) Plans for evaluation and improvement of this intervention include:										
35.	Periodic outcome measurement	•			0	0	0	0	0	0
36.	Staff participation/satisfaction survey				0	0	0	0	0	0
37.	Patient satisfaction survey				0	0	0	0	0	0
38.	Dissemination plan for performance measures	S			0	0	0	0	0	0
39.	Review of results by clinical leadership				0	0	0	0	0	0

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