

Getting Ready for Change Self-Assessment

What is the purpose of this tool? This tool can be used to assess your hospital's organizational infrastructure and its readiness to support effective implementation efforts. Using this checklist, you can highlight capabilities that should be in place within your hospital before implementing improvement efforts related to the AHRQ Quality Indicators (PSIs, IQIs, and/or PDIs). These capabilities are organized into two evidence-based domains:

1. **Infrastructure for Change Management**, to evaluate how ready your organizational infrastructure is to support quality improvement in general.
2. **Readiness To Work on the AHRQ Quality Indicators**, to evaluate your organization's readiness to improve its performance specifically on the AHRQ QIs.

Both domains are important to effectively implement change. Within each domain, we identify related dimensions that you should consider in assessing your hospital's status. Feel free to shorten or modify the checklist to best suit the needs of your hospital.

Who are the target audiences? Senior executives and trusted mid-level managers. It can be useful to have several senior executives review this tool independently. This includes, at a minimum, the chief medical officer, chief quality officer, nursing leadership, and members of your hospital's quality committee. It may also help to have feedback on these items from trusted mid-level managers, since they may bring alternative viewpoints and may have better knowledge of operational issues.

How can it help you? One of the first steps in successful change is to determine how ready the hospital is to undertake meaningful changes in the way it operates. Identifying and addressing barriers to change will improve your hospital's success in implementing successful performance improvements.

How does this tool relate to others? This tool helps you assess how prepared the hospital organization is to implement improvement initiatives for the AHRQ QIs, which is a factor to consider in the *Gap Analysis* (Tool D.5). It also can guide your choice of other tools to address areas that you find need strengthening. Examples include *Applying the AHRQ Quality Indicators to Hospital Data* (Tools B.1, B.2, B.3) and the *Prioritization Worksheet* that is used to identify priorities for improvement actions (Tool C.1). While not part of this toolkit, AHRQ's Hospital Survey on Patient Safety Culture may be help you assess your hospital's readiness for change (see <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/>).

What should each person do?

- For each key concept, each individual should rate the extent to which the statement characterizes your hospital: Not at all, to some extent, or to a great extent.
- Complete both section 1 (Infrastructure for Change Management) and section 2 (Readiness To Work on the AHRQ Quality Indicators).
- Note any particular concerns in each area to facilitate later discussion.

How do we review the results together? Once the individual reviews of the checklist are complete, schedule a meeting of the hospital's key leaders. The discussion at this meeting should

focus on areas where your infrastructure needs strengthening or where there is a lack of consensus.

- For section 1, Infrastructure for Change Management, discuss the greatest vulnerabilities for your hospital, those that are most likely to cause quality improvement efforts to fail. Based on this discussion, identify an action plan with specific steps, individuals responsible for each step, and a timeline for revisiting progress.
- If your hospital does not use the AHRQ QIs, consider your experience with other quality metrics when reviewing section 2.

References Used To Inform Survey design

1. Keroack M A, Youngberg BJ, Cerese JL., et al. (2007). Organizational factors associated with high performance in quality and safety in academic medical centers. *Acad Med* 2007;82(12):1178-86.
2. Taylor SL, Ridgely MS, Greenberg MD, et al. Experiences of Agency for Healthcare Research and Quality-funded projects that implemented practices for safer patient care. *Health Serv Res* 2009;44:2 (Pt 2):665-83. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677034/>. Accessed May 12, 2016.

Section 1. Infrastructure for Change Management

This section will help you evaluate how ready your hospital is to support quality improvement actions.

To what extent does each statement characterize your hospital?	Not at all	To some extent	To a great extent
1a. Quality and safety as priorities			
• We have a shared sense of purpose that quality and safety are our highest priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Quality and patient safety are included in our hospital's main goals or pillars of performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The governing board is actively involved reviewing our hospital's performance on quality and patient safety measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have open communication among providers, staff, patients, and caregivers about quality and patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, our hospital's organizational structure places a high priority on quality and patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
<hr/>			
1b. Management processes			
• Our management processes emphasize meeting quality performance standards and provide the resources we need for supporting quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have an anonymous, nonpunitive way of reporting events and errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our leadership responds actively when patient safety issues are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We document patient safety standards in protocols and guidelines that are clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We disseminate the protocols and guidelines widely within the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, our hospital's management processes are designed to place a high priority on quality and patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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1c. Senior leadership			
• Everyday events are connected to our larger purpose through stories and rituals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our governance structures and practices minimize conflict between our hospital's multiple missions and priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our hospital is led as an alliance between the executive leadership team and the clinical department chairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, senior leaders within our hospital are passionate about service, quality, and safety and have an authentic, hands-on style.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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1d. Training			
We provide ongoing training for staff that helps them build skills to improve quality and patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			

To what extent does each statement characterize your hospital?	Not at all	To some extent	To a great extent
1e. Accountability			
• Our hospital provides incentives or rewards (financial or nonfinancial) for high levels of patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our medical leaders (such as department chairs or medical directors) accept responsibility for quality and safety within their departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have accountability, innovation, and redundant processes to ensure quality at the unit level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our hospital has a policy of transparency, and information is shared at all levels (from top to bottom and vice versa).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, our hospital holds senior leaders accountable for service, quality, and safety (e.g., CEO, COO, CMO, CNO, CFO, CQO, CIO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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1f. Data systems			
Overall, we have effective data systems: they are functional and allow us to obtain data when we need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
<hr/>			
1g. Results focused			
• We continuously strive to improve and we benchmark our performance against external standards as a measure of success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• In decisionmaking, we focus on the likely results to guide our choice of performance improvement approach, rather than always following a particular approach (such as Six Sigma).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We emphasize human behavior and work redesign as the keys to improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We use technology as an accelerator and not as a substitute for work redesign.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we are driven to focus on results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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1h. Collaboration			
• The relationships between administration, providers, nurses, and other staff are typically collaborative in our hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We provide frequent recognition of employee contributions at every level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employees value each other's critical knowledge when problem solving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have a sense that teamwork among staff is encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we have a sense of collaboration among all staff to improve patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			

Section 2. Readiness To Work on the Quality Indicators

This section will help you evaluate your organization’s readiness to improve its performance specifically on the AHRQ Quality Indicators. If your hospital does not currently use the AHRQ Quality Indicators, it may help to consider your experience in working with and improving performance on other quality metrics.

To what extent does each statement characterize your hospital?	Not at all	To some extent	To a great extent
2a. AHRQ Quality Indicators as a priority			
• We have a shared sense of purpose to decrease mortality and reduce complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have open communication among providers, staff, patients, and caregivers about our work on the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our hospital leadership responds actively when we identify issues related to the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our hospital leaders emphasize the need for high performance on the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We document safety standards related to the Quality Indicators in our protocols and guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We continuously strive to improve our performance on the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, our hospital places a high priority on the AHRQ Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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2b. Experience with the AHRQ Quality Indicators			
• We include one or more of the Quality Indicators in our existing set of quality and safety performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We review trend data on one or more of the Quality Indicators on a regular basis in the hospital’s performance monitoring process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have undertaken quality improvement initiatives to address performance on one or more of the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We review and analyze everyday events related to the Quality Indicators to identify areas where improvements are needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we have experience working with the AHRQ Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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2c. Accountability			
• Our hospital provides incentives or rewards (financial or nonfinancial) for performance on the Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our medical leaders (such as department chairs or medical directors) accept responsibility for the Quality Indicators within their departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we hold ourselves accountable for performance on the AHRQ Quality Indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			

To what extent does each statement characterize your hospital?	Not at all	To some extent	To a great extent
2d. Data systems			
<ul style="list-style-type: none"> • Our hospital maintains a database of discharge records using the Uniform Billing Code system, which can be used to track discharge records on each patient individually for the last 4 or 5 years. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, our data systems have the needed capability to support quarterly monitoring of AHRQ Quality Indicator performance, or we have the ability to obtain this Quality Indicator information from another source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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2e. Training			
We provide ongoing training for staff on the AHRQ Quality Indicators and what they mean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My concerns in this area are:</i>			
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Section 3. Role in Quality Improvement

Please indicate which of the following describe your role in quality improvement efforts at your institution (check all that apply)

- Senior leadership**
- Quality improvement team or committee**
- Frontline staff (e.g., RN, MD, NP, RT)**
- Other (specify):** _____