

A Readiness Assessment Tool for Nursing Homes

Successful implementation of quality improvement (QI) initiatives begins with an honest and objective assessment of the current state of an organization's culture and its attitude and commitment toward improving the quality of care and services it provides. Without first assessing its readiness – in attitude, resources and infrastructure – for change, an organization may likely find itself unprepared and unable to support its QI goals. As a result, the organization is apt to experience little success in meeting these goals.

This Readiness Assessment Tool is designed to assist nursing homes in assessing whether they are ready for and have the capacity to undertake organization-wide practice and culture changes for the purposes of QI. The tool focuses on assessment of several distinct areas fundamental to successful QI, areas such as organizational commitment to QI, leadership, communication, and teamwork. Completion of the tool will help an organization to identify the area(s) in which it is weak and which may lessen the organization's degree of readiness and capacity for change. This knowledge will, in turn, help the organization strengthen particular aspects of its infrastructure to ensure more successful implementation and sustainability of QI efforts.

This tool is intended to be completed by all levels of organization staff, from upper and middle management to front-line workers. This comprehensive process will help to identify areas in which various levels of staff differ in their perceptions and attitudes of the organization and how it operates. A lack of agreement among these perceptions and attitudes is one indication of weakness in an area and a sign that an organization is not yet fully ready to implement change.

It is assumed that this tool will be completed primarily by various levels of nursing staff, however, the incorporation of other departments into the QI process is always beneficial. Thus, the tool may also be administered to various levels of staff in other departments within the organization.

This Readiness Assessment Tool can serve multiple purposes. The information obtained through the baseline assessment can form the basis of dialogue and problemsolving across all levels of staff to enhance an organization's readiness for QI activity. It can also be used as an internal QI tool to assess the organization's progress in developing a QI culture. This tool also can provide benchmarking data for organizations interested in assessing their readiness and capacity for QI relative to their peers.

In sum, by identifying areas of weakness where organizational readiness and capacity are limited, this Readiness Assessment Tool can serve as a guide in the QI process, helping to establish a better understanding of what areas an organization must address in order to achieve success in its efforts to improve quality.

Glossary of Terms

Please refer to the following definitions when completing the tool.

Quality Improvement (QI): Ongoing revision/improvement of the processes within an organization.

Management: Those who lead the facility from day to day. In most cases this will be the Administrator, Executive Director, and/or Director of Nursing.

Information Technology (IT): Technology that aides in the storage, retrieval, communication, and management of information. Examples include computers, palm pilots, and digital pens.

Communication: The exchange of information by various means, some personal and some technical. Communication suggests routine mechanisms that are not necessarily interactive.

Please rate your level of agreement with each of the following statements by checking one response for each item.

If you have comments about any item(s), please write these comments in the comment box.

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|--|-------------------|----------|----------------------------|-------|----------------|------------|
| 1. QI plans and decisions for my facility are made locally and not by a corporate or headquarters office. | | | | | | |
| 2. My facility compares the quality of care and services it provides with the quality of care and services provided at other facilities. | | | | | | |
| 3. My facility effectively handles the changes necessary to improve quality. | | | | | | |
| 4. My facility's leadership cares about how QI efforts will affect staff at all levels. | | | | | | |
| 5. My facility provides enough resources (for example, money, equipment, people, and time) to help improve quality. | | | | | | |
| 6. My facility has a system through which all levels of staff can suggest ways to improve quality. | | | | | | |
| 7. My facility monitors the outcomes of its efforts to improve quality. | | | | | | |
| 8. My facility continually tries to find ways to improve the quality of care and services it provides. | | | | | | |
| 9. My facility collects information about how well we are caring for residents. | | | | | | |
| 10. My facility uses the information it collects to help improve the quality of resident care. | | | | | | |
| 11. All levels of staff are told about the things the facility learns from the information it collects. | | | | | | |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|--|-------------------|----------|----------------------------|-------|----------------|------------|
| 12. Management is very involved in what my facility does to improve quality. | | | | | | |
| 13. Management has enough knowledge and skills to help my facility provide better quality of care. | | | | | | |
| 14. Management makes decisions about quality improvement efforts without asking staff what they think. | | | | | | |
| 15. Staff at all levels understands how the facility's QI efforts will affect their work. | | | | | | |
| 16. Staff knows what the facility's goals are for improving the care and services it provides. | | | | | | |
| 17. All levels of staff are involved in creating the facility's plans to improve quality. | | | | | | |
| 18. All levels of staff are trained in how to recognize when quality should be better and how they can make it better. | | | | | | |

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| 19. My facility has general rules for how information is to be charted. | | | | | | |
| 20. Staff understands why they have to chart the things they are asked to chart. | | | | | | |
| 21. Staff helps decide what information is charted. | | | | | | |
| 22. Staff helps decide how things should be charted. | | | | | | |
| 23. Staff has the knowledge and skills they need to chart things correctly. | | | | | | |
| 24. Staff has too much paperwork to do. | | | | | | |
| 25. Staff is often charting the same thing in more than one place. | | | | | | |
| 26. Staff is held responsible if they don't do a good job of charting. | | | | | | |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|--|-------------------|----------|----------------------------|-------|----------------|------------|
| 27. Staff uses some kind of IT (for example, computers, palm-pilots, etc.) when they chart. | | | | | | |
| 28. There is a computer system where the facility stores information about residents and the care/services they are receiving. | | | | | | |
| 29. Staff knows how to use the IT necessary to chart or do other job duties. | | | | | | |

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| 30. In the past, my facility has tried to make our work more organized and efficient. | | | | | | |
| 31. In the past, my facility has succeeded in making our work more organized and efficient. | | | | | | |
| 32. Staff has too much work to do in order to do everything well. | | | | | | |
| 33. The amount of work staff is asked to do is fair. | | | | | | |
| 34. Staff does not have enough time to get everything done. | | | | | | |
| 35. Staff has the resources they need to do their work well and be effective in their job. | | | | | | |
| 36. Staff has a good understanding of residents' care plans. | | | | | | |
| 37. The amount of work staff has to do causes them to miss important changes in residents' conditions. | | | | | | |
| 38. Staff knows how to review the quality of their work to see if improvements are needed. | | | | | | |
| 39. Staff at all levels is regularly offered opportunities to learn and develop new skills. | | | | | | |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-------------------|
| 40. Staff members are confident in their ability to do their job. | | | | | | |
| 41. Management responds to staff concerns. | | | | | | |
| 42. Staff respects the facility's management. | | | | | | |
| 43. Staff receives praise from management when they do their job well. | | | | | | |
| 44. Management is clear about what they expect from staff. | | | | | | |
| 45. Management values the work done by staff at all levels. | | | | | | |
| 46. Management thinks staff should be given the authority to do more things and make more decisions on their own. | | | | | | |
| 47. Managers support staff and work with them to learn new things. | | | | | | |
| 48. Management encourages teamwork among staff. | | | | | | |
| 49. Supervisors usually provide help to their staff when asked. | | | | | | |
| 50. Supervisors consider what their staff has to say when developing resident care plans. | | | | | | |
| 51. Supervisors give staff credit for the things they do to help care for residents. | | | | | | |
| 52. Supervisors act like they are better than their staff. | | | | | | |
| 53. Supervisors deal effectively with staff who create problems or don't do their share of the work. | | | | | | |
| 54. Supervisors allow staff to decide on their own how to do their work. | | | | | | |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-------------------|
| 55. Supervisors allow staff to correct problems when they see that the quality of care/services is poor. | | | | | | |
| 56. Staff feels free to question the decisions or actions of their supervisors. | | | | | | |
| 57. Individual staff member responsibility is very important at my facility. | | | | | | |
| 58. Staff makes decisions as part of a team. | | | | | | |
| 59. It is difficult for staff to get others to help them when needed. | | | | | | |
| 60. Staff is encouraged to work with other departments to solve problems. | | | | | | |
| 61. There is good cooperation among departments that need to work together. | | | | | | |
| 62. Communication among staff is very open. (For example, you can talk easily to your supervisor about your concerns.) | | | | | | |
| 63. All levels of staff communicate effectively about efforts to improve quality. | | | | | | |
| 64. The information passed among staff is generally correct. | | | | | | |
| 65. Staff receives the information they need about a resident's care in a timely manner. | | | | | | |
| 66. There is good communication between staff across shifts. | | | | | | |
| 67. Staff is well informed about what is happening during other shifts. | | | | | | |
| 68. It is easy for staff to get the information they need to solve problems on the job. | | | | | | |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree | Don't Know |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-------------------|
| 69. Some staff members have a hard time doing their jobs (for example, reading charts, and notes) because they speak a different language or have difficulty reading. | | | | | | |
| 70. This facility is a comfortable place for staff of different races/cultures to work. | | | | | | |
| 71. Not enough of the facility's supervisors are from different races/cultures. | | | | | | |
| 72. Staff members of different races and cultures don't talk together much. | | | | | | |
| 73. Some staff have problems communicating with other staff members who speak a different language. | | | | | | |

Administrators Only! Please respond to the following questions regarding the implementation of health information technology (IT) at your facility.

1. Below is a list of various types of technology. Please indicate whether or not each type of technology is used in your workplace. If you respond “yes” to a type of technology, please describe how that type of technology is used in the workplace.

| Type of Technology | Yes | No | Don't know | If yes, how? |
|---------------------------------------|-----|----|------------|--------------|
| E-mail | | | | |
| Internet connection | | | | |
| Locally networked computers | | | | |
| Electronic health record (EHR) | | | | |
| Hand-held devices (e.g., palm pilots) | | | | |
| Other (please specify) | | | | |

2. If you have **not** implemented an EHR system, why not? (Please prioritize in order with “1” being the most important and “9” being the least important)

- | | |
|--|--|
| <input type="checkbox"/> Financial constraints | <input type="checkbox"/> Vendor stability and viability |
| <input type="checkbox"/> Unable to secure everyone's commitment to use EHR | <input type="checkbox"/> Software requires extensive customization to fit our organization |
| <input type="checkbox"/> Vendor support was inadequate for technological needs | <input type="checkbox"/> Difficult to select a system |
| <input type="checkbox"/> Initial data entry is too labor intensive | <input type="checkbox"/> Do not know where to begin |
| | <input type="checkbox"/> Other |

3. If you **have** implemented an EHR system, please indicate to what degree the following areas were or have been obstacles to your organization's implementation of an EHR.

| | Not an obstacle at all | Minor obstacle | Major obstacle |
|---|------------------------|----------------|----------------|
| Availability of funds | | | |
| Experience with IT | | | |
| Clinical staff support | | | |
| Administrative staff support | | | |
| Technical proficiency of staff | | | |
| Inability of staff to enter data and use the EHR system | | | |
| Insufficient time to select and implement an EHR system | | | |
| Lack of IT infrastructure to support an EHR system | | | |
| Other (please specify): | | | |