****Clinical Sequence Evidence-Generating Research Consortium

CSER Organicational Readiness to Change Assessment (0-8 weeks since study initiation)

Proposed by: CSER Survey Measures & Outcomes WG

Version 2.0, Dated 7/16/2018

***Instructions for Administration***

The implementation of clinical sequencing in healthcare systems and communities will depend on the ability of healthcare organizations to change their practices. The CSER2 Consortium provides a unique opportunity to evaluate organizational readiness to change across multiple healthcare systems, hospitals, and communities with the introduction of genome sequencing in clinical settings.

For this reason, the Measures and Outcomes Working Group (M&O WG) asks that all projects assess organizational readiness to change using the ORCA (Organizational Readiness to Change Assessment) measure. The ORCA is designed to evaluate the potential for healthcare systems, hospitals, and clinics to adapt when new healthcare practices and clinical services are introduced. It is often used descriptively at baseline prior to implementation of new clinical services and after clinical services are well established in a healthcare system. The full ORCA is comprised of 77 items that may be used in its entirety, and ORCA subscales and items may be used independently. The M&O WG has selected 19 items representing contextual factors, such as clinical experience, culture, and readiness to change.

The M&O WG asks that each project administer the ORCA as close to baseline as possible to six to ten executives, administrators, managers, or clinicians at each site participating in your project. While the titles and roles will vary across CSER2 consortium organizations, respondents of interest would include hospital or healthcare system executives, administrators, and managers in roles such as chief executive officer, chief operating officer, chief of staff, vice president of patient care, chief financial officer, service chief, director, manager, supervisor, or clinician.

The ORCA is often used descriptively to understand the context of healthcare organizations during and following implementation of new clinical services. In addition to generating descriptive information, the M&O WG hypothesizes that organizational readiness to change will be associated with adoption of clinical sequencing.

The following publications have informed the selection of items and subscales and the administration instructions:

Helfrich, C. D., Li, Y.-F., Sharp, N. D. & Sales, A. E. (2009). Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework. Implementation Science, 4: 38. doi: 10.1186/1748-5908-4-38.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., Hensley, M. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health, 2011, 38:65-76..

Thank you for taking time to answer the following questions.

You are being asked to fill out the following measure because your medical site, along with 5 others across the United States, are part of the Clinical Sequencing Evidence-Generating Research (CSER) consortium. This consortium seeks to engage underrepresented populations in genomic research and to implement genome sequencing in clinical settings.

The following questions are intended to seek your perceptions on the readiness of your health care system and clinics to use and implement genomic sequencing.

The position I occupy at my facility/site is considered (check one):

* Executive Team Member

(examples: Chief Executive Officer, Chief Operating Officer, Chief Financial Officer)

* Clinical Supervisor or Manager

(examples: Clinical Service Chief, Laboratory Director, Nurse Manager, Attending)

* Staff Clinician

(examples: physician, nurse, social worker, rehabilitation therapist)

I am currently working to, or directly oversee employees working to implement CSER related activities at my site/facility. (check one):

* Yes
* No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ORCA | Strongly disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1. Senior Leadership/Clinical management in your organization reward clinical innovation and creativity to improve patient care.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior Leadership/Clinical management in your organizationsolicit opinions of clinical staff regarding decisions about patient care.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior Leadership/Clinical management in your organization seek ways to improve patient education and increase patient participation in treatment.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior leadership/Clinical management in your organization provide effective management for continuous improvement of patient care.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior leadership/Clinical management in your organization clearly define areas of responsibility and authority for clinical managers and staff.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior leadership/Clinical management in your organization promote team building to solve clinical care problems.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Senior leadership/Clinical management in your organization promote communication among clinical services and units.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Staff Members in your organization have a sense of personal responsibility for improving patient care and outcomes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Staff members in your organization cooperate to maintain and improve effectiveness of patient care.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Staff members in your organization are willing to innovate and/or experiment to improve clinical procedures.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Staff members in your organization are receptive to changes in clinical processes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Opinion leaders in your organization believe that current practice patterns can be improved.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Opinion leaders in your organization encourage and support changes in practice patterns to improve patient care.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Opinion leaders in your organization are willing to try new clinical protocol.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Opinion leaders in your organization work cooperatively with senior leadership/clinical management to make appropriate changes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. When there is agreement that change needs to happen, in general your organization has the necessary support in terms of budget or financial resources.
 | 1 | 2 | 3 | 4 | 5 |
| 1. When there is agreement that change needs to happen, in general your organization has the necessary support in terms of training.
 | 1 | 2 | 3 | 4 | 5 |
| 1. When there is agreement that change needs to happen, in general your organization has the necessary support in terms of facilities.
 | 1 | 2 | 3 | 4 | 5 |
| 1. When there is agreement that change needs to happen, in general your organization has the necessary support in terms of staffing.
 | 1 | 2 | 3 | 4 | 5 |