



# Readiness Report

## For Implementing Evidence-Based Interventions to Increase Colorectal Cancer Screening



Report Date: February 09, 2022

## About This Report

This report summarizes your clinic's results from the readiness assessment. The readiness assessment can help inform how "ready" the **Genesis PrimeCare - Marshall** clinic is to implement an evidence-based intervention to increase colorectal cancer screening (CRCS).

The information provided in this report can help your clinic:

- Identify strengths and areas for improvement
- Determine which aspects of readiness to focus efforts on and why
- Develop a plan for building and/or maintaining readiness
- Improve your clinic's ability to implement evidence-based strategies to increase CRCS

Should you have any questions about the information provided in this report, please contact Project Coordinator, Derek Craig at [Derek.W.Craig@uth.tmc.edu](mailto:Derek.W.Craig@uth.tmc.edu).

## What is Organizational Readiness?

To implement something with quality, an organization must first be ready. Being ready has been defined as having the capacity and motivation for implementation. There are two types of capacities: general capacity to implement any innovation and innovation-specific capacity.

The readiness assessment your clinic staff completed is based on the  $R = MC^2$  framework.

**R**eadiness = **M**otivation x General **C**apacity x Innovation Specific **C**apacity, where:

- **Motivation** refers to the degree to which your clinic desires to implement an innovation.
- **Innovation-Specific Capacity** refers to the specific skills and resources needed to implement a particular innovation (e.g. patient reminders to increase colorectal cancer screening).
- **General Capacity** refers to the overall functioning of a clinic and consists of the basic building blocks of how well a clinic functions on a day-to-day basis to enable implementation.

Each component of readiness is broken down into smaller, more manageable parts called subcomponents of readiness. Appendix A outlines the components, subcomponents, and their definitions. Understanding which readiness components and subcomponents are stronger or weaker can help your clinic choose where to focus their efforts to support the implementation of strategies designed to increase CRCS.

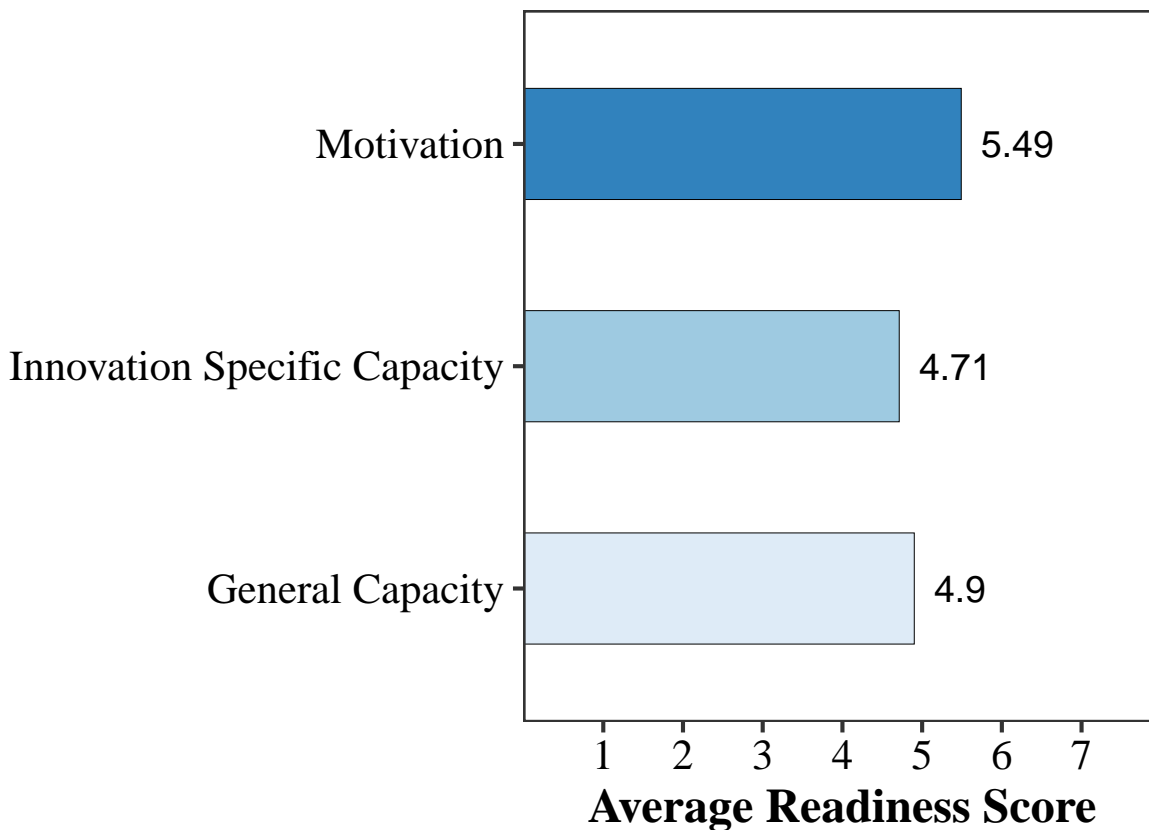
## Summary of Your Clinic's Readiness for Patient Reminders

Genesis PrimeCare - Marshall completed a readiness survey on Patient Reminders. Data collection began on 08/09/2021 and concluded on 10/15/2021. During this time, there were 18 surveys completed.

Figure 1 displays your clinic's average scores across the three main readiness components on a scale from 1 (indicating lower readiness) to 7 (indicating higher readiness). The scores are based on how the respondents from your site answered the readiness assessment.

For your clinic, Motivation (i.e., how desirable using patient reminders seems) had the highest value, whereas Innovation Specific Capacity (i.e., specific skills and resources needed to implement patient reminders) had the lowest.

**Figure 1 – Overview of Readiness Components Scores**



## Readiness Subcomponent Overview

Figure 2 – Readiness Subcomponent Scores

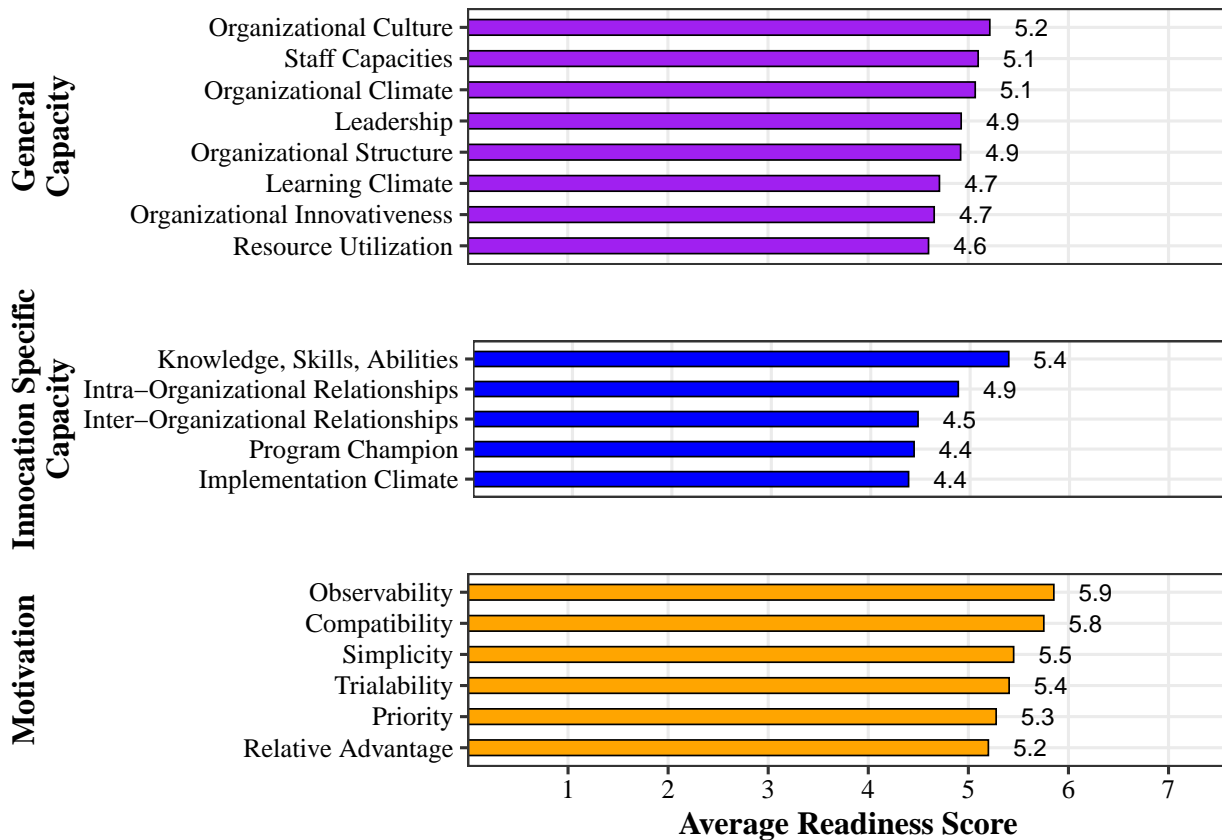


Figure 2 displays your clinic’s average scores across the nineteen readiness subcomponents on a scale from 1 (indicating lower readiness) to 7 (indicating higher readiness). These scores are based on how the respondents from your site answered the readiness assessment.

Figure 2 can be used to help your clinic compare subcomponents scores relative to one another (within and across components) in order to determine which to prioritize when implementing patient reminders.

## Respondents rated your organization highest in the following subcomponents:

### Motivation

**Observability:** How easy it is to see small wins in the short term.

- A higher score in this subcomponent suggests that the benefits of implementing Patient Reminders can be seen by clinic staff. Seeing the benefits of Patient Reminders, can help staff members stay motivated for implementation.

**Compatibility:** How well the innovation fits with how we do things.

- A higher score in this subcomponent suggests that implementing Patient Reminders aligns with the clinic's mission, needs, culture, and available resources. When staff feel that implementing Patient Reminders fits well with the way they are accustomed to working, they are likely to be more motivated to complete the tasks needed for high-quality implementation.

**Simplicity:** How easy the change seems.

- A higher score in this subcomponent suggests that your clinic staff find the implementation of Patient Reminders relatively easy to do. Typically, a new change is more likely to be implemented if staff see the change as relatively easy to implement.

## Respondents rated your organization lowest in the following subcomponents:

### Innovation Specific Capacity

**Implementation Climate:** The extent to which the innovation will be rewarded, supported, and expected within a clinic.

- A lower score in this subcomponent indicates some staff may believe there is not a supportive environment for implementing Patient Reminders. A clinic environment that does not support implementing Patient Reminders can negatively impact implementation efforts.

**Program Champion:** Whether or not your clinic has a person(s) who can put their influence and credibility behind a change effort.

- A lower score in this subcomponent indicates the clinic may lack someone who actively supports or advocates for the implementation of Patient Reminders. Implementation can be more challenging without a credible person to help raise the visibility of efforts to implement Patient Reminders.

**Inter-Organizational Relationships:** The connections your clinic has with other organizations/agencies outside of your clinic.

- A lower score in this subcomponent indicates that some staff members may feel the clinic lacks relationships with external organizations that could support the implementation of Patient Reminders. This support could include contact with other FQHCs/clinics who have experience with Patient Reminders, organizations that might share resources or provide training, etc.

## Potential Next Steps

### 1. Prioritize Which Subcomponents to Improve

- Discuss your clinic's readiness survey results with clinic stakeholders.
- Review the definitions of the readiness subcomponents that your clinic scored high and low on (see Appendix A).
- Collectively determine one or more subcomponent(s) to focus on improving.

### 2. Strategize

- After prioritizing subcomponents, your clinic may choose to develop an improvement plan.
- Start by setting goals that your clinic hopes to accomplish.
- Outline the steps, personnel, and resources (funding, equipment, etc.) necessary to accomplish each goal.
  - **Things to consider:** Who needs to do what and by when? Why do these individuals need to do this? How are they going to do this?
- Think about strategies that can be used to help improve your prioritized readiness subcomponents.

### 3. Implement

- Work with your quality improvement team and/or clinic leadership to carry out the improvement plan.

### 4. Monitor and Support

- Meet with your quality improvement team and/or clinic leadership to develop monitoring and supervision systems.
- Readiness fluctuates over time so your clinic may want to schedule iterative evaluations.
- After each evaluation is completed, debrief and discuss your clinic's progress with improving readiness.
  - **Note:** These discussions provide an opportunity to engage clinic stakeholders on how best to support each other in achieving your goals.

If your clinic would like to discuss the results presented in this report and readiness building strategies, please contact Derek Craig, Project Coordinator, at [Derek.W.Craig@uth.tmc.edu](mailto:Derek.W.Craig@uth.tmc.edu) to arrange a meeting.

**Note:**

The results included in this report were generated from a survey that is still in development and should be considered preliminary and interpreted with caution. We recommend your clinic leaders meet to determine which components and subcomponents of readiness are right for you to prioritize when thinking about potential next steps for implementing patient reminders. For instance, although your clinic scored highest on *Motivation*, you may still decide to prioritize this component to improve your clinic's overall readiness. Similarly, although your clinic scored lowest on *Innovation Specific Capacity*, this does not mean your clinic should prioritize this component if you do not feel it will help you to improve your readiness for implementation.

## Appendix A – Readiness Components, Subcomponents, and Definitions

Component	Subcomponent	Definition
General Capacity	Organizational Innovativeness	Openness to change in general.
	Resource Utilization	Ability to acquire, allocate, and use resources.
	Organizational Culture	Norms and values of how things are done in a clinic.
	Organizational Climate	The feeling of being part of a clinic.
	Leadership	Effectiveness of a clinic’s leaders.
	Learning Climate	The degree to which a clinic demonstrates learning attributes in the workplace.
	Staff Capacities	Having enough of the right people to get things done.
	Organizational Structure	Method by which work flows through a clinic.
Innovation-Specific Capacity	Knowledge, Skills, & Abilities	Sufficient abilities to do the innovation.
	Program Champion	A well-connected person who supports and models the innovation.
	Implementation Climate	Extent to which the innovation will be rewarded, supported, and expected within a clinic.
	Inter-organizational Relationships	Relationships <i>between</i> organizations (external to a clinic) that support the innovation.
	Intra-organizational Relationships	Relationships <i>within</i> our clinic that support the innovation.
Motivation	Simplicity	The innovation seems simple to use.
	Priority	Importance of the innovation compared to other things a clinic does.
	Relative Advantage	The innovation seems better than what a clinic is currently doing.
	Compatibility	The innovation fits with how a clinic does things.
	Trialability	Degree to which the innovation can be tested and experimented with.
	Observability	Ability to see that the innovation is leading to desired outcomes.



## Appendix B – Additional Resources Related to Colorectal Cancer Screening

1. The Guide to Community Preventive Services (The Community Guide)  
<https://www.thecommunityguide.org/search/colorectal%20cancer%20screening>
2. American Cancer Society  
<https://www.cancer.org/cancer/colon-rectal-cancer.html>
3. Centers for Disease Control and Prevention  
<https://www.cdc.gov/cancer/colorectal/resources/index.htm>
4. American Society of Clinical Oncology  
<https://www.cancer.net/cancer-types/colorectal-cancer>
5. National Cancer Institute’s Evidence-Based Cancer Control Programs  
<https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=102265&choice=default>
6. National Colorectal Cancer Roundtable  
<https://ncrt.org/resource-center/>
7. Colorectal Cancer Alliance  
<https://www.ccalliance.org/colorectal-cancer-information/resources-for-patients>
8. Fight Colorectal Cancer  
<https://fightcolorectalcancer.org/hcp-resources/>