Section 1.1 Adopt – Assess

Organizational Readiness Assessment

Use this survey to help identify your organization's readiness to plan for implementing an electronic health record (EHR) and other health information technology (HIT). See 1.1 Financial Assessment for separate evaluation of financial readiness and funding sources.

Instructions for Use

You can use this tool is several ways. Distribute it to members of your leadership team in advance of a meeting where you will discuss its results; bring it to a leadership team meeting to discuss HIT readiness; or have a facilitator use it to rate your leadership team's meeting after a group discussion.

An HIT project is a major undertaking and significant leadership is needed to carry it off effectively. Be honest about the general state of affairs within your organization.

Tally the total number of checks made in each column. The more checks in the moderately prepared and highly prepared columns the more ready your organization is to plan for HIT. If you find many checks in the not yet prepared column, look at the statements in the columns for moderately prepared or highly prepared. These will give you guidance on where you want your organization to be, helping you plan and get ready to adopt HIT. The assessment may suggest the need for organization development prior to undertaking the HIT project.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
Culture of Organization	EHR is viewed as…	☐ only a requirement of government, insurers, or competitive environment.	☐ primarily a project to achieve workflow efficiencies.	☐ a component of clinical transformation to enable quality of care and patient safety improvement.
	The EHR-related planning process includes…	☐ the administrator primarily driving project.	☐ a large group of individuals primarily for communication purposes.	☐ representative physicians, nurses, other clinicians, and other staff—and is participatory.
	Nurse involvement in the EHR process…	☐ is not feasible.	☐ primarily occurs by nursing leadership for key decisions.	☐ is active, where all nurses are engaged in planning and decision making.
	The executive team…	☐ relies on the EHR vendor to provide planning guidance.	☐ delegates full responsibility for EHR to a specific person or team.	☐ devotes substantial time to planning for clinical transformation with EHR.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
	Staff and other human resource(s)…	☐ have not yet been told about EHR planning.	☐ have been given general information about EHR planning, but generally have little idea how it will impact their work.	☐ have been included in communications about the EHR, including some specific early planning activities.
	Patient (or their family) involvement in the EHR process…	☐ is not appropriate or feasible.	☐ is acknowledged from the perspective that patients will ultimately need to be introduced to EHR once used at the point of care.	☐ is planned and patients are expected to be active partners in EHR use.
Leadership and Management	Leadership…	☐ believes EHRs are necessary, but is divided as to how to communicate why and when to pursue.	☐ has studied the pros and cons of implementing an EHR and can make an argument for why benefits outweigh costs.	☐ understands the benefits of the EHR and sets a clear and consistent vision for how EHR supports efficiency and quality improvement goals.
	Level of planning for successful EHR…	☐ has not been discussed.	☐ is recognized, but has not been formally addressed.	☐ is understood and commitment to success is demonstrated.
	Quality and efficiency through EHR…	☐ have been discussed, but no specific goals for improvement with EHR.	☐ is recognized, but not defined in a measurable way nor connected with EHR.	☐ is documented, and specific goals are clearly connected with the EHR.
Operations	Other information technology…	☐ is used for financial purposes.	☐ has been used for organizational operations, such as resource scheduling.	☐ has been used to support some clinical information gathering and reporting.
	Standard reports for management, quality improvement, etc...	☐ have not been defined or documented.	☐ have been partially defined but have not been documented.	☐ have been defined, documented, and requirements included in the product evaluation process.
	Staffing needs for EHR implementation and use…	☐ have not been analyzed.	☐ are generally understood, but a staffing plan has not been developed.	☐ have been documented in a staffing model, detailing current and proposed needs.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
Workflow and Process Improvement	Current and proposed EHR-enabled processes, including estimated patient volumes and staffing are…	☐ not developed.	☐ generally expected to change and there is a focus on general improvement efforts, but specific information workflow and process mapping has not been initiated.	☐ understood to change, effort has been directed to fixing current broken processes, and there is good acceptance of need for standardization.
	Policies, procedures, and protocols necessary for EHR-enabled processes…	☐ are generally not documented today.	☐ are starting to be documented and analyzed and a plan for development is in place.	☐ have been analyzed and developed. Examples include information access rights, medical record correction, IT contingency planning, and record printing.
	EHR-enabled referrals, and other patient-specific hand-offs…	☐ have not been evaluated.	☐ have been discussed but no specific plan exists.	☐ have been designed and requirements included in the planning process.
	The role of document imaging compared to structured data collection…	☐ has not yet been addressed.	☐ is recognized as an issue to be addressed and there is some understanding of need for structured data.	☐ is fully understood with applicable planning for both underway.
Technology	IT staff…	☐ are non-existent with total reliance on outsourcing	☐ are able to maintain current systems and have limited experience with system integration or data conversion and tend to rely on the vendor to detail the tasks and activities.	☐ have strong experience with system integration, data conversion and managing expert resources to fill internal skill or knowledge gaps.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
	IT staffing for EHR implementation, maintenance, infrastructure, and ongoing user support…	☐ has not been analyzed.	☐ is generally understood to be necessary but is not documented in the planning process.	☐ has been documented in a staffing plan and requirements have been included in the planning process.
	An assessment of hardware necessary to support EHR use…	☐ is generally understood to be needed but has not been evaluated.	☐ has been performed but not documented in the planning process.	☐ has been performed and requirements included in the planning process.
	A plan for a technical infrastructure using a high-availability platform, upgraded to be standardized, scalable, and easily maintained…	☐ is not in place; infrastructure will be upgraded according to vendor recommendations.	☐ is being developed and will be standards-compliant for interoperability.	☐ is in place and will be standards-compliant, including those for a statewide health information exchange.
Total items checked in each category:				

For support using the toolkit

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