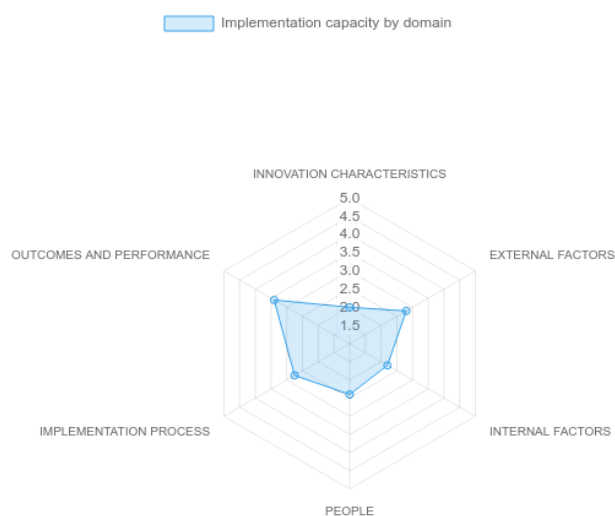


# **Implementation Readiness Assessment Tool**

This tool has been designed to assess organisational readiness and capacity for implementing and evaluating new healthcare initiatives. It considers various contextual and individual factors to facilitate successful implementation and evaluation of innovative models of care.



## Organisational Readiness Assessment Tool



This tool has been designed to assess organisational readiness and capacity for implementing and evaluating new healthcare initiatives. It considers various contextual and individual factors to facilitate successful implementation and evaluation of innovative models of care. This versatile tool supports users throughout the implementation process by aiding in strategic planning, designing and comparing models of care, assessing readiness, building capacity, structuring funding decisions, and evaluating outcomes. It enables data-driven decision-making to determine whether to adopt, adapt, abandon, scale, or spread models of care, ultimately facilitating continuous improvement in healthcare implementation and evaluation. After completing an organisational implementation readiness assessment, the next step is to develop a detailed action plan. This plan should address any gaps identified and leverage strengths for successful implementation.

Domain	Implementation capacity by domain
Innovation Characteristics	2.00
External factors	2.80
Internal factors	2.20
People	2.40
Implementation process	2.75
Outcomes and performance	3.40
<b>Overall capacity for implementation:</b>	<b>2.59</b>

NOTE: 1 = Weak factors to support implementation and 5 = Strong factors to support implementation

## Your Background Information

Project Name:	Regan Acevedo
Problem Statement:	Qui accusamus incididunt esse inventore voluptates similique saepe es
Project's Primary Objective:	Consequatur Sed aperiam ullamco harum velit
Project's Secondary Objectives:	Laborum fugit explicabo Sit consectetur tempora dolor voluptatum vol
Project Team:	Repudiandae in velit sint voluptate consequatur harum dolore a ipsam
Program Location:	Exercitationem dolore exercitation nesciunt libero
Group or Population:	Nisi sed nostrum laudantium ut molestias eos quo qui nulla sed itaque f

## FACTORS INFLUENCING IMPLEMENTATION



## INNOVATION CHARACTERISTICS

### Rating

1. There is evidence (literature, benchmarking) supporting the new model of care. Also consider NHMRC evidence levels.

2. The model of care has been developed then supported or endorsed by Executive.

3

3. Other solutions have been considered and this model of care offers advantages over alternatives.

4. Uncertainties about the model's benefits have been addressed.

5



## EXTERNAL FACTORS

### Rating

1. The political environment and current strategy or policy priorities align with implementation of the new model of care.

5

2. There are defined partnerships and networks to facilitate referral pathways, collaborative care, and continuity of care. Consider interdisciplinary partnerships, hospital, community, and primary healthcare networks.

3

3. Implementation of the new model of care meets all the appropriate quality standards and regulatory requirements.

2

4. Professional organisations and consumer groups support the model of care.

4

5. Funding from external entities (e.g., grants, reimbursement) is available to implement and/or deliver the model of care.



## INTERNAL FACTORS

### Rating

1. The model of care is aligned with the organisation's strategic goals and objectives.

5

2. There are defined tasks and responsibilities between individuals and teams.

4

3. There are adequate resources (funding, staff, space, equipment, technology infrastructure) to safely implement the model of care.

4. There is training, credentialling and clinical governance pathways for clinicians to implement the model of care.

5. There are high-quality relationships, communication networks, and professional connections to support implementation of the

2

care model.

6. The working environment promotes collaboration, cohesion, with a shared sense of purpose to achieve common goals.



## PEOPLE

### Rating

1. Consider these questions with each stakeholder group in mind.

2. The stakeholders are interested, engaged, and see the benefits of the new model of care. **5**

3. Stakeholders have the knowledge and skills to fulfill their roles.

4. Stakeholders have the availability and authority to fulfill their roles. **3**

5. The stakeholders are motivated and committed to implementing the model of care. **4**



## IMPLEMENTATION PROCESS

### Rating

1. In planning the team assessed needs, local context, tailored the approach, defined objectives, and identified necessary processes for the new model of care. **5**

2. There are plans to test and optimise the new model of care. **5**

3. There are plans for action based on reflection and evaluation. (e.g., adapt, adopt, abandon, scale and spread). **1**

4. There is documentation e.g., implementation plan to guide the implementation process.



## OUTCOMES AND PERFORMANCE

### Rating

1. The key objectives and deliverables of the new care model have been defined. **5**

2. There is a timeframe for planning, implementation, and evaluation of the new model of care. **5**

3. Outcome measures for the new model of care have been defined. Consider both implementation and innovation outcomes **3**

4. The types and sources of information (data) for each outcome measure have been identified. e.g., health records, PREM/PROMS, surveys. **2**

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5. A budget or resources have been allocated for performance evaluation.

**2**

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6. There is documentation, e.g., evaluation plan, to guide the evaluation process.

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