Organizational Readiness for Evidence-Based Change Projects

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**Organizational Culture**

St Luke's Health Center has a distinct organizational culture characterized by progressive values, a matrix leadership structure, and a people-centered mission. The organization’s mission is to provide services that promote good health and facilitate social justice (St Luke’s Health, 2021). Staff members at the institution value teamwork, excellence, evidence-based practice (EBP), and collaboration (St Luke’s Health, 2021). They also have a positive attitude towards EBP interventions.

The organization’s culture greatly supports change. For example, its mission drives the employees to adopt new approaches and processes that can enable them to promote the health and wellbeing of their patients. Since research and teamwork are valued, employees would be more willing to try out new EBP approaches that they can rely on to promote social justice for patients. Its matrix structure of leadership also allows frontline staff to develop creative ideas that soon culminate into progressive organizational change projects.

**Level of Readiness for Change**

The Change and Implementation Readiness Assessment Tool was used to assess the organization’s level of preparedness. The tool is effective when evaluating an organization’s level of preparedness for both the introduction, and the implementation of an EBP change (Capacity Building Centre for States, 2019). It is comprised of four checklists that enable assessors to focus on factors that support change, including organizational culture, leadership and, resources (Capacity Building Centre for States, 2019). It is the most suitable instrument for assessing St Luke’s Health Center’s readiness for the introduction of an electronic handover system. This is because the tool exhaustively explores organizational factors that influence the various phases of the change process.

The survey has revealed that the St Luke’s Health Centre is, to a large extent, prepared for the change. For example, the top leaders in the organization believe that the introduction of an electronic handover system would reduce the incidences of medical errors and improve patients' safety. Most of the staff members understand the rationale for introducing the change. They believe it would create a positive impact on the organization and its clients. This culture would support the proposed EBP change in very significant ways. For example, the matric organizational structure adopted by the hospital would allow staff members space to come up with creative solutions to the challenges encountered during change implementation.

As noted by Trans (2017), employees tend to be receptive to change when the organizational structure allows them a reasonable level of autonomy as far as change implementation is concerned. The other strength lies in the fact that the organization has fostered a learning culture whereby junior staff members are supported by their seniors to make the right decisions. A learning culture supports the EBP change process by eliminating the fear associated with the introduction of new ways of doing things (Miake-Lye et al, 2020). Inadequacy of material resources is a potential barrier to the introduction of electronic handover systems in the organization. Dearing (2018) established lack of material and tangible resources as the main cause of failure of EBP changes introduced in a healthcare environment. For instance, the managers at St Luke’s Health Center have not yet mobilized financial and information technology resources needed for the effective implementation of an electronic handover system.

**Process and System Recommended**

The proposed change seeks to introduce an electronic handover system and a new nurse-to-nurse handover process. The electronic handover system would be comprised of a standard communication protocol, computer hardware, software, and a database. This system would improve the quality and safety of healthcare services accorded to patients by increasing the accuracy of information shared between nurses while reducing the incidences of medical errors (Patterson et al, 2019). Instead of bedside verbal communication, off-shift nurses would input patient information into a computer system from their offices. This process would help overcome the distraction associated with a manual bedside handover process.

**Strategy To Facilitate the Organization’s Readiness**

While the St Luke’s Health Centre seems to be reasonably prepared for the introduction of an electronic handover system, some actions could still be taken to further improve its level of readiness. For example, the change leaders in St Luke’s Health Centre could link the change project to the organization’s vision statement. According to Dearing (2018), organizational leaders can effectively inspire employees to adopt a change through the use of existing mission statements. Clarifying such linkages can also motivate stakeholders to donate and/or mobile financial and material resources for the project. Second, managers at St Luke’s Health should embark on training nurses on the use and management of the electronic handover system. To make them more receptive to the change, the training program should also clarify how the change project would improve the quality-of-care services given to heart disease patients.

**Stakeholders**

Stakeholders in this change process would include the change leaders, nurses, patients, and top-level managers. The role of change leaders would be to advocate for the new system, and clarify the new handover process for other employees (Dearing, 2018). Nurses and patients are important stakeholders because they would be directly involved in managing the shift from manual handover to an electronic handover system. The duties of the top-level managers would be to mobilize financial and material resources, train staff members on the use of electronic handover system, and motivate nurses to embrace the change.

**Information and Communication Technologies**

A database, computer system, and smartphone application are the three information and communication technologies needed for the effective implementation of the change project. Managers at St. Luke’s Health Centre would facilitate the development of a database and the installation of a computer screen in the nurses’ workstations. They would also facilitate the development of a smartphone application that nurses can use to input and query data from the database. Collectively, these technologies would improve the convenience and effectiveness of the handover process thus enabling caregivers to provide heart disease patients with safer and effective healthcare services. For example, nurses would be able to easily access patient records stored by off-shit nurses. This would then enable them to make timely and accurate treatment decisions while reducing the occurrence of medical errors.

References

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Appendix

Extracts from complete Change and Implementation Readiness Assessment checklists used for assessing St Luke’s Health Center’s level of readiness for the change project. 