

# SPSP Deteriorating Patient

## Identifying and learning from cardiac arrest

Readiness for Change Assessment & Prioritisation Tool

August 2022

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## Introduction

An important first step for organisations and teams in improvement is to assess readiness to implement changes. This document provides a Readiness for Change Assessment tool which will support you to assess how ready your organisation and teams are for change.

## Why Assess Readiness for Change?

A readiness assessment will provide the organisation and team with insights into the challenges and opportunities they may face during the change process - it is critical to ensure that groups can be effectively prepared for a change.

The tool will help you to understand strengths and gaps in your organisation and teams to support your change efforts and to ensure success.

The data collected from the assessment will inform the specific change activities your organisation and teams need to consider. The tool will support you to understand any factors in your organisation and teams that could be barriers or enablers for the change. This is the first step in the process of embedding a high impact change for your organisation and teams.

## How to use the Readiness Assessment

The tool is split into 4 sections:

Section 1: Assessing Organisational Readiness

Section 2: Assessing Team Readiness

Section 3: Understanding Current Practice

Section 4: Prioritising Areas for Improvement.

# Readiness for Change Assessment

## Section 1: Assessing Organisational Readiness

This section should be completed by an identified senior leader within the NHS Board who will provide overall leadership to embedding the identification and learning from cardiac arrests into day to day practice.

Answer each question by scoring it as:

**0 – No evidence**

**1 – Some evidence**

**2 – Good evidence**

| <b>Board Level Questions</b>                                                                                                                                                              | <b>Evidence Score (0-2)</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| There is executive commitment to embedding the identification and learning from cardiac arrests into day to day practice.                                                                 |                             |
| There is an identified senior leader within the board who will provide overall leadership to embedding the identification of, and learning from cardiac arrests into day to day practice. |                             |
| The board is committed to providing resources and time to work on embedding the identification of, and learning from cardiac arrests.                                                     |                             |
| The board provides teams with access to leaders who can support changes and improvements in practice.                                                                                     |                             |
| The board provides education, training and support to enable staff to take forward changes in practice.                                                                                   |                             |
| The board has mechanisms to capture, collate and use data to support improvement.                                                                                                         |                             |
| <b>Total score (Board questions):</b>                                                                                                                                                     |                             |

**Comments:**

## Assessing Organisational Readiness – understanding your score

- Organisations which score less than 7 in this section are recommended to undertake further preparation work before commencing improvement work.
- Organisations which score between 7 and 13 in this section may need to undertake minor preparation before commencing improvement work but are nearly ready.
- Organisations scoring 14 in the organisation assessment are ready to start improvement work and should be mindful of any areas that may require attention.

Note: Organisations scoring 13 or below should be aware that these wider elements of organisational readiness may take some time to be addressed. This means that improvement work can be commenced – however it should run in parallel to the work being undertaken at organisational level.

Additional support may be available to you within your organisation, and you can use the following links to learn more:

[\*Achieving sustainable change \(NHS Education for Scotland\)\*](#)

[\*Measuring safety culture \(The Health Foundation\)\*](#)

[\*Self-evaluation tool \(Care Inspectorate\)\*](#)

[\*The improvement journey \(The Health Foundation\)\*](#)

## Section 2: Assessing Team Readiness

This section should be completed by a manager / team lead within the organisation who will have operational responsibility for embedding the identification of, and learning from cardiac arrests into day to day practice.

Answer each question by scoring it as:

**0 – No evidence**

**1 – Some evidence**

**2 – Good evidence**

| Team Level Questions                                                                                                                                                           | Evidence Score (0-2) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| At least one member of the team is a senior decision maker who can influence changes to processes which support reliable identification of, and learning from cardiac arrests. |                      |
| Team members report experience of working well together, for example via one-to-one discussions, supervision conversations or in team meetings.                                |                      |
| The team uses processes and tools to enhance communication.                                                                                                                    |                      |
| The team has decision-making processes in place with clarity of roles, responsibilities and routes of escalation.                                                              |                      |
| The team has a shared understanding of the benefits of improving the processes which support reliable identification of, and learning from cardiac arrests.                    |                      |
| The team have skills and experience to make changes and improvements in practice.                                                                                              |                      |
| The team is committed to achieving shared goals.                                                                                                                               |                      |
| The team aims are directly aligned with the organisation's key strategic goals.                                                                                                |                      |
| <b>Total score (Team questions):</b>                                                                                                                                           |                      |

**Comments:**

## Assessing Team Readiness – Understanding your team score

The total score listed below should be used to inform your next steps:

- Teams which score less than 8 in the team assessment are recommended to undertake further preparation work before commencing improvement work.
- Teams which score between 8 and 15 in the team assessment may need to focus on particular areas before commencing improvement work but are nearly **ready**.
- Teams scoring 16 in the team assessment are ready to start improvement work and should be mindful of areas that may require some attention.

Note: Teams scoring 15 or below should be aware that these wider elements of team readiness may take some time to be addressed. This means that improvement work can be commenced – however it should run in parallel to the work being undertaken at team level.

Additional support may be available to you within your organisation, and you can use the following links to learn more:

[\*The improvement journey - creating the conditions \(NHS Education for Scotland\)\*](#)

[\*Starting your improvement journey \(Care Inspectorate\)\*](#)

[\*Quality improvement made simple \(The Health Foundation\)\*](#)

[\*Using communications approaches to spread improvement \(The Health Foundation\)\*](#)

## Section 3: Understanding current practice

Once you have completed sections 1 and 2 and established how you will undertake and align any organisational / team readiness development, you are ready to progress with work to improve the identification of, and learning from cardiac arrests.

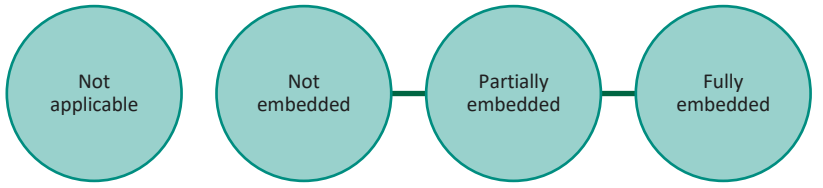
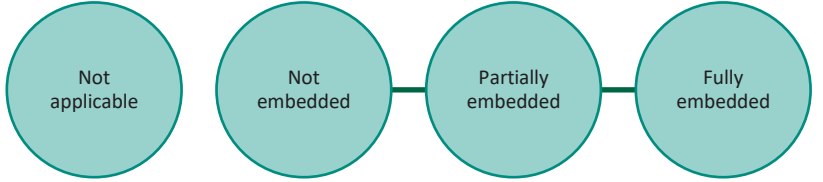
This section will support you to understand and develop your approach to embedding the identification of, and learning from cardiac arrests into your day to day work by helping you to understand your current practice.

- Use the scale to describe how well you have each secondary driver embedded into day to day practice.
- Record any data sources that you can use to provide evidence / assurance.

| Improving the identification of, and learning from cardiac arrests |  | DATA SOURCE (EVIDENCE) |
|--------------------------------------------------------------------|--|------------------------|
| <b>Safe communication within and between teams</b>                 |  |                        |
| Daily access and review of 2222 log                                |  |                        |
| Reliable post-arrest documentation                                 |  |                        |
| Matching 2222 calls to verify all cardiac arrests                  |  |                        |



**Leadership to promote a culture of safety at all levels.**

|                                                                                      |                                                                                    |  |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Psychological safety is modelled in the identification and review of cardiac arrests |  |  |
| A system for learning from cardiac arrests                                           |  |  |

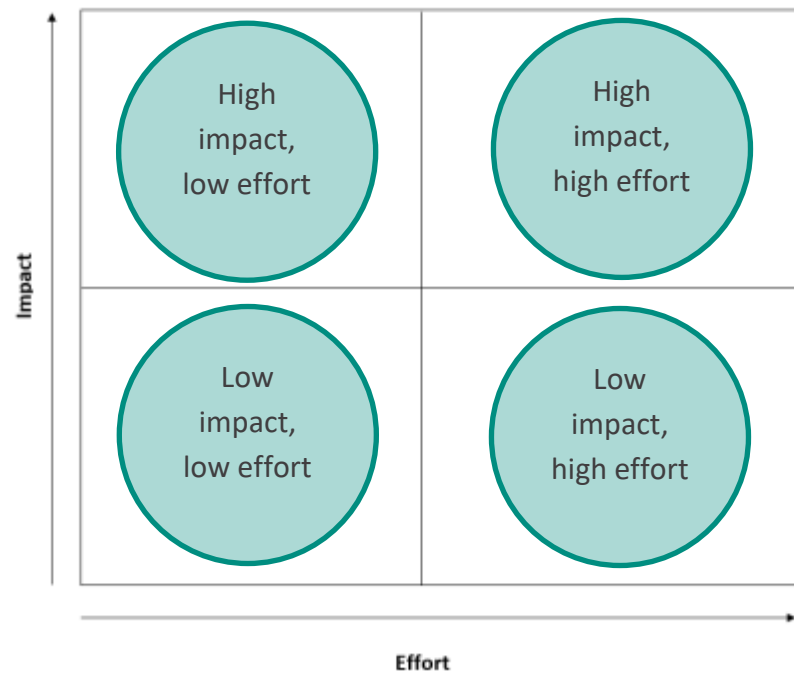
**Comments:**

## Section 4: Prioritising areas for improvement

Once you have completed section 3 to establish what you already have embedded and any gaps in practice, you are ready to identify your priorities for improvement. This section will support you to understand how to balance effort and impact, either as part of continuous improvement of current practice, or of the introduction of new ways of working.

Using what you have learned in section 3 about your current practice:

- have a discussion with your team and create a list of improvements you would like to make;
- consider the potential impact, and the level of difficulty, of making these improvements;
- arrange them on the matrix below as a guide;
- identify your first area of focus for improvement;
- develop your improvement plan.



Once this process is complete you will see your priorities sitting towards the upper half of the matrix.

Items on the top left are your “quick wins” – lower effort, high impact ideas. As you move across to the right the ideas require more effort.

Don't try to do too much from the top-right of the matrix.

Review the matrix regularly. You should be continuously learning from your testing and this may mean changes to your priorities.

You can download a blank template [here](#).

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Healthcare Improvement Scotland  
Scottish Health Technologies Group

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)